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PART I.—ORIGINAL COMMUNICATIONS.

ARTICLE I.

A Report on Fever. Read before the Morgan County Medical Society, November 2, 1846: By DAVID PRINCE, M. D., of Jacksonville, Illinois.

The practitioner accustomed to see disease as manifested in the primitive and transitional geological regions of the north-eastern portion of the United States, will be struck with the comparative rareness, here, of inflammatory affections; and the student who gets his ideas of disease from English authors, and from those who reside along our northern Atlantic coast, will find a great discrepancy between the *book* and the *patient* when he comes to apply his reading to practice. The writer has seen, during the past nine years, but few cases of inflammatory fever, and they were colored to some extent with the malarial agency which prevails every where on our alluvial soil. During the writer's two years' experience in Morgan county, he has not observed any general difference in the severity of the fevers, or their tendency to local affections, though the number of cases, in this region, has seemed to be less the present year than during the preceding. In each of these years, a wet spring has been followed by a long, dry, and hot summer. Nor is the writer aware that any *great* change in the character of disease has

occurred during the last nine years, though the fevers of 1837, 1838, 1839, and 1840, bore depleting treatment better, and manifested less tendency to prostration than those which have fallen under his observation since; and, as far as he has been able to learn the experience of other physicians, this increased tendency to a typhoid type, has been general throughout this and the adjoining States in the same latitude. This typhoid tendency, with our better knowledge of the therapeutic effects of Sulphate of Quinia, has led to the use of this remedy in doses and under circumstances which were not dreamed of ten years ago. No one now thinks of depending upon *mercurial action* to interrupt the progress of a remitting fever; but as soon as he has made, by the exhibition of an emetic, a cathartic, or an emeto-cathartic, an impression upon the glands whose secretion has been deranged, he endeavors, at once, to interrupt the paroxysms by the free use of Quinia, alone or in some combination; supposing that, if he does not succeed in arresting the fever, he will obviate that *sinking tendency* which has so often disappointed the hopes of both patient and physician.

Experience also proves that those local determinations so often witnessed in fever, in which the brain, the liver, the spleen, and sometimes the lungs, are made the passive recipients of a larger quantity of blood than they are wont to contain, are best removed by agents which promptly control the fever, and that any treatment of the local affection, unless accompanied by that which will cut short the fever, or tend to do it, will be ineffectual, and that as often as a remission or a chill followed by a febrile paroxysm is allowed to recur, there is great danger of an aggravation of the local plethora, and risk, also, of the formation of new congestions, disturbing the action of organs whose functions are essential to life. And if these congestions are passive—and passive they must be—to be removed by brandy, quinia, and opium, assisted, when the brain is affected, by cold, which probably acts as an indirect stimulant upon the blood-vessels—in what are they radically different from those general internal congestions which take place every time a chill occurs, and which, in the cases manifesting the greatest *sinking tendency*, are not entirely recovered from with the re-action which follows?

So much is this congestion like inflammation, while so little of its real nature does it possess, that the writer has witnessed a cerebral congestion, accompanied by all the distressing symptoms of phrenitis, subside in a few hours, leaving no trace of its existence behind, while, as the cerebral symptoms disappeared, others, equally resembling those of inflammation, occurred in the abdomen, and as the patient died previously to the subsidence of these, the autopsy exhibited a distinctly hyperematous appearance beneath the peritoneal, and the mucous surfaces, though the brain showed no mark of disease.

Though the different varieties of fever of malarial origin run into each other, so that if any standard of division is established, it is extremely difficult to fix the location of many examples which come before us, yet it will be convenient to divide them into four classes, which have again almost as many varieties as there are individual cases.

I. *Of Simple Intermittent Fever* it is not my design now to speak. Suffice it to say it seems to be owing to the same causes which produce remittents, or to causes similar though less intense; and the same treatment which cures the one is applicable, with modifications, to the other; and an intermittent is frequently a precursor of a remittent or a sequel to it.

II. *Remitting Fever of the Simple Form* begins, usually, with a chill, and is followed by an exacerbation of fever which subsides, and after a remission of the febrile symptoms, another exacerbation follows the next day without being preceded by any distinctly marked chill. Sometimes the remitting is preceded by an intermitting fever of three or four paroxysms, and then the chilly *usher* disappears and the fever acquires a more formidable character. These paroxysms recur daily, sometimes more aggravated every alternate day, until the fever subsides, in from seven to fourteen days, in death or convalescence.

III. *Typhoid Form.* In the third form of fever, the patient is usually unwell, for some time before the occurrence of either chill or fever; and when the patient is interrogated he will hardly confess that he has either a chill or a fever, but says they are "all mixed up together;" feeling cold creeping sensations at the same time that hot flashes pass in different

directions, and frequently one sensation is quickly followed by the other. The friends or spectators frequently doubt whether there is any fever except, perhaps, an "*inward fever*," such is the absence of heat which is so often thought to be the essential idea of fever. The secretions, however, are arrested or perverted, the tongue is dry and coated, but not thickly, and soon becomes dark, and sometimes almost black; occasionally the coating cracks, moistens, peels off, and, in protracted cases, it is followed by a new coating.

Though the fever of this form has, as seen by the writer, been generally capable of control by appropriate and energetic treatment, it does not yield for several days, and, before subsiding, acquires almost a continued form, and so gradually does it let go its grasp, that it is difficult to decide when the fever ends or convalescence begins. When inappropriately treated, or left to itself, a typhoid tendency is manifest, favoring a fatal termination, and far more likely to do it when the disease is treated on a mercurial and depleting plan than when it is left entirely to its own tendencies. To this form physicians have sometimes given the name *Congestive*, seldom applying the term, however, till the occurrence of the latter stages of the affection, but *Typhoid Remittent* would certainly be a better appellation.

IV. *Congestive Form.* Congestive Fever applies far more appropriately to the course of symptoms now to be enumerated. The attack generally occurs without much premonition, and often suddenly, in circumstances of exposure to powerful malarious influence. Whether there is much chilliness or not, the prostration is very great from the beginning, and such a degree of stupor takes place, in the great majority of instances, as greatly to obscure the intellectual manifestations, or entirely to obstruct or conceal them. The heart is variously influenced, sometimes making a hundred and thirty beats in a minute, while, at other times, the heart's action seems unaltered or the pulsations are even fewer than natural, with an entire absence of febrile excitement. Whatever other changes in the pulse may be noticed, however, a strong pulse rarely or never occurs in this form of disease, for, though a considerable degree of fulness exist, the finger, placed firmly upon the artery, easily arrests the current.

Difficult and imperfect inspiration, with evident deficiency of the circulation at the surface, and sometimes a leaden hue of the skin, indicate a state of congestion of the internal organs and a want of power to send the blood, with its wonted energy and freedom, throughout the system. The remissions after, amount to a perfect intermission, when, in common language, we have, instead of *Congestive Fever* applied to the remitting form, the appellation of *Congestive Chill*, and some writers have, not without reason, proposed to use the simple word *Congestion* for these states when unaccompanied by evident fever. Of the remitting form of this variety, the writer has seen but few instances, and they were in the midst of summer, and in localities the most unhealthy, though, in more southern latitudes, this form of disease seems to be of frequent occurrence. The intermitting form, (*Congestive Chill*), is not unfrequently seen in this climate and in this region, and is more rapidly fatal than the remitting, though less probably so if treated early and energetically. Without treatment, life is often terminated in the second or third paroxysm, and even sometimes in the first. The treatment of these diseases is, at present, far from being uniform, though there seems, now, to be an approximation to a more effectual plan than any with which our *classic* authors were acquainted. How different is the treatment almost every practitioner employs from that recommended by those writers whom he has consulted, and still continues to consult, in every doubtful case that may occur, and from whom, on most subjects, instruction may be drawn. Allow me to introduce one or two cases in illustration of this remark, and as a foundation for the inferences which will follow.

July 10, 1846. Alexander Walker, aged about 35, a farmer. Attacked on the 8th with fever, the excitement rising in the fore part of the day, obtaining its maximum in the latter part, and subsiding at night.

At 7 o'clock, A. M., third day since the attack. Says he has no fever, but has passed a restless night, having slept but little. Pulse slightly accelerated and moderately full. Skin moist. Much headache and pain in the back. Tongue coated, of a yellowish white color, and complains that every-

thing tastes bitter. Sighs frequently. He says he has been freely catharticised.

Treatment.—Sulphate of quinia gr. xx, calomel gr. x; to be followed in one hour by quinia gr. x, opium gr. iij, ipecac. gr. j. Cook's pills to be taken at night. Vomited about an hour after taking the second dose, but thinks he did not throw up much of the medicine. He had no pain or other uneasy sensation, but sweated most profusely, though the pulse became considerably increased in frequency and fullness during the period corresponding with the febrile exacerbation. The cathartic operated only slightly.

July 11. During the day there was considerable fever, with headache, restlessness, and thirst. Ten grains of quinia were administered in the morning, followed, in the latter part of the day, by tinct. rhubarb and aloes and calomel, and, as this did not operate, castor oil was given at night with the effect of procuring free evacuations.

July 12. Ten gr. of quinia were given early in the morning, repeated once in two hours, till three doses were administered. Had no fever, or headache, or other "misery." Pulse slow and full. Bathed in profuse perspiration except the hands and feet, which are dry and warm, while the head and trunk feel decidedly cool to the touch, in consequence, doubtless, of the rapid evaporation from the surface. A bystander was solicitous on account of the coldness, but, on being apprized of the difference between a cool body with warm hands and feet, and the reverse, he seemed satisfied. Eyes dull, and there seems, from the beginning, to have been a congestion of them with the so-called *determination* of blood to the head. Tongue rapidly cleaning.

July 13. Has had no more febrile excitement. Tongue entirely clean. Conjunctiva clear. Has lost his solicitude with regard to his own case, and is in bright hope of recovery. No further treatment was necessary. The sedative power of quinia, in full dose, was strikingly manifest in the complete absence of morbid excitement, with a return of the secretories and capillaries to the performance of their proper offices.

Sept. 6th, 1845. Alfred Williams, aged about twenty-five, after severe labor and considerable exposure, was attacked with chilly sensations and feverish blushes, with head-ache,

pains in the extremities, bitter taste, fevered tongue, and feeling of great prostration.

Sept. 7th, 10, A. M. Says his bowels moved yesterday, and have done so regularly without medicine. Pulse 100 and moderately full. Skin dry, though not extremely so. Thirst considerable, and every thing has a bitter taste.

Treatment.—Emetic of Ipecacuanha gr. xx, Tartrate of Antimony and Potash gr. iv. This operated freely, bringing away a large quantity of yellow viscid substance, (bile,) and producing two or three stools. Perspiration occurred during emesis, but the febrile dryness very soon returned.

At 7, P. M., directed—

R.—Sulph. Quinia gr. xv,
Acetate of Morphia gr. iss,
Pulv. Doveri gr. xij.

Sept. 8th, 7, A. M. Bowels moved once or twice soon after the administration of the above prescription. Slept well during the night, though he frequently waked, and occasionally asked for water. Head-ache much diminished. The dense coating on the tongue seemed somewhat lessened. Pulse 72 and full. Skin a little drier than natural. At the time of taking the above he was slightly delirious, but this morning he is entirely rational. Directed Sulph. Quinia gr. x, Dover's Powder gr. xx.

Sept. 8th, 5, P. M. Rested in the morning after taking the medicine, and then got up and walked out of doors, vomited, and during two or three hours after noon had considerable thirst, with an aggravation of his other febrile symptoms. Fever has now somewhat subsided. Pulse 100, moderately full, and less quick than this morning. Tongue more coated, and complains of extremely unpleasant taste. Administered six Cook's pills.

Sept. 8th, 9, P. M. Vomited soon after taking the pills, and the stomach remained irritable, while the febrile excitement increased. Administered Ipecac. gr. xx, Tart. Ant. et Potash gr. iv, and directed—

R.—Quinia gr. x,
Opium gr. iij,
Ipecac. gr. ij.

to be taken after the free evacuation of the stomach and bowels.

Sept. 9th, 5, A. M. He vomited freely, but was restless till the medicine operated as a cathartic, five or six times, about two o'clock. He took the above at half-past two, after which he rested quietly. Skin rather dry, though moist in places. Tongue more coated than yesterday. Thirst moderate, not much uneasiness of head. Pulse 80, moderately full and not quick. Directed—

R.—Quinia gr. x,
Pulv. Dov. gr. xx,
Acetate of Morphia gr. i.

to be taken at 7 o'clock. At 12 o'clock ten grains of Quinia and twenty of Dovers Powder were given, and at night the dose was repeated, with the addition of ten grains of Calomel, and at two o'clock the last dose was repeated.

Sept. 10th. During the day, yesterday, he remained thirsty, though the deeply coated tongue was moist, and there was a slight appearance of *cleaning*. He was much nauseated in the night, and a sinapism was applied to the epigastrium.

Sept. 10th, 7, A. M. Gave—

R.—Ext. Colocynth comp. gr. xx,
Sulph. Quinia gr. x.

This produced four or five evacuations about ten o'clock. Took a teaspoonful of Paregoric after the last discharge, which was thin, and at two, P. M. Gave—

R.—Quinia gr. x,
Dov. Pow. gr. xx.

and with the exception of a short period of nausea, with the vomiting of a small quantity of yellowish green, viscid, and bitter substance, (bile,) he passed a very comfortable evening. The skin has not been moist to-day, but has presented a very natural appearance. The coating on the tongue, though dense, and, in the middle, brown, seems to be loosening at the tip and sides. Directed that—

R.—S. Quinia gr. v,
Pulv. Dov. gr. x.

should be given at 9 and repeated at 3 o'clock.

Sept. 11th. He vomited the first dose and did not take the second; was much nauseated all night. Pulse 80. Skin not

unnatural. Tongue rapidly cleaning, and over the portions denuded of the coating it appears of a brighter red than natural. Says he feels very well. Drank small quantities of brandy during the day. Administered at night Calomel and Rhubarb, of each five grains, to be followed in the morning by Quinia and Dover's Powders, of each ten grains.

Sept. 12th. Though the bowels did not move, the Quinia and Dover's Powder were given about three o'clock, and he passed a very comfortable night. Although the general appearance was not materially altered, the thirst had nearly disappeared, and the tongue is more clean.

Sept. 15th. From this time he continued to rapidly improve; his appetite soon came, and no more active treatment was resorted to. Brandy and Quinia, in small doses, were occasionally taken as a tonic.

He is to-day walking about. Prescribed a decoction of gentian, cham. flowers, orange peel and serpentaria. He became speedily restored to his usual strength.

Though, in the division of disease previously made, this should be considered a severe case of remitting fever, in its simplest form, yet in the loose nomenclature, which many physicians are in the habit of using, it would probably be called a case of *congestive* fever.

The effect of an active antiperiodic treatment to break in upon the regularity of the remission and exacerbations when it does not fully and at once control the disease, is exemplified in this case, as well as the sedative influence of large doses of Quinia, and the failure of large doses of opium to produce, in the condition of the system existing in many cases of fever, the effects we are accustomed to expect when the remedy is administered in health. A similar modification of effect is also noticed in quinia, for although tinnitus aurium and headache, with a feeling of distension of the eyes are common effects of this remedy, though less so in doses of ten grains than of two, yet while the system is laboring under a *smothered* fever with restlessness, head-ache, pains in the back and extremities, and general torpor of the secretories, we frequently see none of these unpleasant symptoms manifested, but a complete removal of all the unpleasant sensations the patient experienced, before taking the medicine. This happy effect of

quinia seems to be favored by combination with a full narcotic dose of opium, or its principal alkli morphia; thus, by combining five, ten, fifteen or twenty grains of sulphate of quinia with from a fourth of a grain to a grain of sulphate or acetate of morphia, we have a combination which acts far more mildly and pleasantly than would either of the remedies singly. Not unfrequently patients who have tossed, and groaned, and fretted for a great part of the time for twenty-four or forty-eight hours, have, in the course of an hour, after taking a full dose of quinia and morphia, passed into a pleasant state of waking dreams, with moist tongue and skin, with soft pulse, and in their elysium have forgotten all their sufferings, though they may have assured their physician that they "never could take quinia or opium without the most disagreeable feelings." As it is not every case which demands the remedy in large doses, it is an important inquiry, what is the sign of its necessity? Certainly not the coldness of the chill, nor the heat of the fever, but the nervous prostration and the disturbance of capillary action, resulting in congestion, showing a powerful influence of malarious poison. This conclusion is supported by two facts, often observed by the practitioner, viz:

1st, The most speedily fatal cases are those in which there is little or no chill, and little or no febrile excitement; and, sometimes on the other hand, a diminution of the frequency of the pulse and impairment of muscular power, with torpor of the secretories, without the dryness which would result from febrile reaction, and often there is a relaxation of the cutaneous exhalents resulting in the cold sweat, so generally accompanying the cadaverous countenance, speaking defiance to science and art. And,

2d, The cases which bear the largest doses with no other apparent influence of the remedy, than a silent but effectual restoration of the system to its proper tone and activity, are precisely those dangerous cases just mentioned. Where there is not a powerful impression of malaria upon the system, and a quick sensibility to impressions remain, the medicine does not often operate noiselessly or always sightlessly to the patient, but sights and sounds follow each other in rapid succession. Indeed chill or fever seems not to be at all essential to a malarious disease, which may pursue its course as regularly as

though fever were present, and the writer's own case is in point. After having been exposed to the worst atmospheric influence, presented by the hot season, with irregular sleep, and a deficiency of it, there insidiously crept on, a diminution of appetite, a coating upon the tongue, general soreness of the muscles, and inability to move the head suddenly without pain, which in about two days resulted in vertigo, and such a feeling of prostration, as entirely forbid further exertion. A high degree of nervous excitement occurred, but this was of short duration; the tongue soon became covered with a dense coating, and under the influence of copious drafts of warm drink, a most profuse sour perspiration occurred. The bowels acted tardily under the influence of mercurial cathartics, and they hardly responded at all to any other. At first the pulse was somewhat accelerated, and once or twice afterwards; but generally the heart's action was perfectly natural, and from beginning to end there were no chilly sensations, nor was there any feeling of fever, but what might be attributed to the use of quinia, which produced a most pleasurable excitement, unalloyed with any of those disagreeable associations which usually characterize reality. Sleep was but little disturbed, and for six days there was a perfect indifference to both food and drink, and there existed no other inducement to take the latter than to fill up an uncomfortable void. During this time the tongue was thickly coated, and an extremely unpleasant taste resulted from it, but upon the seventh day from the beginning of apparent disease, a slight appetite appeared, the tongue began to clean, and a rapid restoration followed. Here was a bilious disease, and nothing afforded so much apparent benefit as a dose of thirty grains of calomel, which produced one or two copious bilious stools. Now this certainly was not a bilious fever, or any other fever, according to the common acceptation of that term. Though the symptoms varied, there were no regular periodic exacerbations and remissions, and consequently the same apparant benefit could not be perceived, which unequivocally follows the use of appropriate remedies in periodical affections. The same remedies were however used, and with seeming advantage.

From what has been said, it probably will not be inferred that the writer thinks lightly of preparatory evacuants before

giving quinia alone or combined; a remedy which seems at the same time, anti-periodic and anti-malarial; for in the great majority of cases, it seems indispensable that a satisfactory and pleasant effect of the remedy must be preceded by an emetic or cathartic, and where a thick coating has appeared upon the tongue in the early stages of the disease, without evidence of mucous irritation, an emetic of four grains of Tart. Antimony and Potassa, with twenty grains of Ipecacuanha have been preferred to a cathartic, but in all other cases the latter has been thought preferable.

To quiet the irritability of the mucous membrane, with the disposition to flatulence so common in fever, oil of turpentine given in doses of a few drops, or in that of one or two drachms, to quicken the action of other cathartics, has seemed more effectual than any thing else which I have seen employed. Its vapor readily diffuses itself through the whole of the alimentary canal, imparting a healthful tone, and stimulating the dilated capillaries to contract.

To quiet the nausea so apt to follow the taking of quinia, a brisk sinapism usually proves effectual, and in consequence of the pretty uniform occurrence of such a condition, the writer has not latterly been in the habit of giving quinia either alone or combined, in doses nearer together than five or six hours; and Ipecac. he has discontinued as an accompaniment for quinia; for, without seeming to increase the diaphoresis resulting from a full dose of quinia and morphia, it greatly augments the most troublesome nausea, and occasionally results in the loss of ten or fifteen grains of valuable medicine, and so offends the stomach that it will not immediately receive another dose.

At a future time the writer may trouble this association with further remarks upon the effects of sulphate of quinia, upon our fevers, and upon the use of other remedies, which have not here been mentioned.

ARTICLE II.

On the powers of Strychnine in the cure of Chronic Bronchitis.

By Dr. P. HENRY CLARKE, of Port Washington, W. T.

In the treatment of no disease, or class of diseases, have I experienced more difficulty than in bronchial affections. And

the utter failure of the practice, recommended by authors, proves conclusively the absolute necessity of more attention being bestowed upon this subject. With this view, I offer to the consideration of the profession, a few remarks, not however preferring any claim to originality, but rather wishing to impress upon the minds of those afflicted, the actual necessity of making due exertions for relief, notwithstanding such disease may, perhaps, be pronounced incurable.

Strychnine was discovered by Mons. Pellitier and Caven-tou, in the year 1818, and named by them Vauqueline, in honor of that distinguished chemist. After which they changed the name to Strychnine. It is so intensely bitter that it is said to give a decided taste to 600,000 parts of water by weight, and is but sparingly soluble in alcohol. It is one of the most virulent poisons; and, perhaps, inferior to none, except the highly concentrated prussic acid. Majendie killed a dog, by the administration of one eighth of a grain. Its effects are to produce tetanus, and consequent immobility of the thorax, asphyxia and death. The curative effects of Strychnine in cases of Paralysis, both general and partial, as in hemi-plegia and paraplegia, also in tetanus, obstinate cases of amenorrhœa, in chronic diarrhœa without pain and with thin serous discharges, which produce exhaustion, and in nearly all the various diseases to which the eye is subject, are too well known to require an insertion here.

My method of administering it is principally in powder, suspended in mucilage as a vehicle, or by making it into pills, preferring either to the tincture, owing to the insolubility of it in alcohol. In anhydrous alcohol it is perfectly insoluble, consequently no tincture can be prepared that will give an equal strength.

Having been afflicted severely for quite a number of years with Bronchitis, and finding no medicines which gave me relief, I was induced to try the effect of strychnine, which resulted in a perfect cure. My symptoms, when I commenced using it, were emaciation, night-sweats, and continued mucous expectoration, attended with cough, at times very severe, after which the muscles of the larynx were so completely relaxed, that I could not utter a sound above a whisper, but unattended with pain. I commenced the use of the

strychnine, as advised, by taking one-twentieth of a grain, suspended in mucilage, three times in a day and increased the dose every third day until I took one-fifth of a grain. I used the remedy about four weeks, and have never experienced any difficulty since. I was much astonished at its results, and more especially at the effects it produced upon the contractility of the muscles of the larynx, as well as upon the muscles of the extremities.

CASE II.—A. B. S., an attorney, after delivering an address, and exercising unusually hard the organs of speech by talking very loud, in returning home was caught in a shower, and drenched to the skin. Immediately after he was attacked with Acute Bronchitis. I knew nothing in regard to his treatment, but it resulted in Chronic Bronchitis, and he was unable to speak, for over three years, above a whisper. I prevailed upon him to make use of strychnine, and gave it in pills made with flour, and ext. liquorice, and one-thirteenth of a grain of strychnine, increased until he took one-eighth of a grain; which amount he continued to take for nearly two months. He now experiences no difficulty in speaking, and thinks he has obtained a complete cure.

CASE III.—E. W. L., Aét. 52, an itinerant preacher, was by degrees entirely deprived of speech, and remained thus for twelve or fifteen years. He had some cough and expectoration, slightly tinged with blood. He was, by my recommendation, last spring, induced to make use of the strychnine. Two or three months since I received a note from him stating that he was not perfectly cured but sufficiently so to be able to speak in public, if he used moderation. After speaking he felt still an oppressive weakness in his chest, and slight tracheal irritation, but not sufficient to produce cough. He was directed to continue the use of strychnine as before. I have not heard from him since.

CASE IV.—A lady afflicted with occasional loss of speech, with neither cough or expectoration, but extreme emaciation, and had as she expressed it, a continued "tickling and hacking." She was ordered to take strychnine. This I gave in tincture, six grs. to the fluid ounce of diluted alcohol. She commenced with three drops three times a day, and

increased as in the other cases. This was attended with the most decided success.

Where there is a local determination of blood to the head it is necessary to deplete until that is removed, before using the strychnine. Morphine, to a certain extent, is an antidote to strychnine. Lemberg introduced three grains of strychnine under the skin of a dog on one side of the spine, and six grains of morphine on the other side, without any visible effects following it; either of which alone would have caused death.

I have seen it used in one well marked case of *Phthisis Pulmonalis*, but its effects could not be ascertained to my entire satisfaction, as the patient at the same time freely used Wistar's Balsam of Wild Cherry. He recovered rapidly, and was, at the last report that he made me, almost, if not entirely, well. Over two years had elapsed since he used the strychnine. From the effects which it made upon the system, I judged that his recovery was attributable to that remedy alone. His case was hereditary. His father, brother and sister died with that complaint; every one had given him up as incurable. I have never seen any ill effects result from the use of Strychnine, unless perhaps in one case. But so virulent a poison is it, that the utmost precaution is necessary in its administration to prevent accident. The case to which I refer above, was one of complete paralysis. I used the Tinc. in a dose of six drops three times a day, and at the same time used drastic cathartics and venesection. He recovered entirely from the paralysis. In about five months he was taken with an abscess in the thigh, and gangrene immediately followed. I should have been happy to have noticed the appearance of the subsequent disease, but was not aware that he had been sick, until I heard of his demise. Whether the use of the strychnine had any effect in the production of the subsequent disease, or not, I cannot say, but suppose if so it would have developed itself sooner. But in regard to strychnine as a remedy in Bronchial affections, and even in the forming stages of *Phthisis Pulmonalis*, I have the most implicit confidence in it, and think that the time is not far distant when Pulmonary Consumption shall be stripped of its manifold terrors, by the sanitary influence of this powerful remedial agent.

ARTICLE III.

Excrescence on the Eye-Ball—Removal—Recovery: By J. EVANS, M. D., Prof. of Obs., &c., in Rush Medical College.

In the fall of 1839, Mr. E., of middle age, a farmer, of sanguine temperament and robust constitution, consulted me in reference to a tumor on the globe of the eye, which had made its appearance in the form of a small pearly spot some two years previously, and had gradually increased in size, notwithstanding numerous washes and escharotic applications, up to this time. It originated upon the sclerotic coat, near its junction with the lucid cornea, in the inner canthus, and extended, in its growth upon the cornea, so far as to be directly over the margin of the pupil when moderately dilated. It was of the size and shape of two-thirds of a pea, white and opaque, though not of the pearly whiteness of the albugenia.

It obstructed vision in the eye by discoloring a portion of the cornea, and interfered with the palpebræ, causing irritation occasionally from the friction produced by their closing over it, which were all the inconveniences caused by it.

On the fourth of September I excised it; but fearing to cut deep lest I should injure the coats of the eye, the whole of the diseased mass was not removed. It was but a short time until it was as large as ever, notwithstanding it was frequently touched with nitrate of silver.

September 18. Second operation. I now passed the knife through so as to follow a right line from the base of the tumor on one side to the corresponding point opposite to it, leaving a flat surface upon the globe the size of the base of the excrescence. But, in a few days, a growth appeared in the centre of this space, of the same character and shape of the original one, which attained to about half its size.

October 13. Third operation. This was performed in the same manner as before. Having a much smaller base, I ventured to cut deeper and removed all the diseased structure.

There was but little inflammation excited, the patient being subjected to a strict antiphlogistic regimen after each operation.

I did not see the patient for some months, when he in-

formed me that a pimple the size of a pin head had made its appearance, soon after the last operation, upon the disputed territory, but that a *charm* doctor passed his hand over the eye one evening, and nothing had been seen of it since!!!

At first sight this resembled a case of partial staphyloma; but, on minute examination, it was easily distinguished to be a growth upon the surface of the eye.

The substance of the tumor resembled fibro-cartilage.

January 1845. Four years after the operations, no sign of a return of the disease. The site of the tumor is marked by a flattened surface, covered with the conjunctiva and healthy, of the size of the base of the original excrescence.

ARTICLE IV.

COLLEGE DISPENSARY.

Clinical Lectures before the Class of Rush Medical College.

[Reported for the Journal by J. R. BRADWAY, M. D., a member of the class.]

The Lectures given upon the different cases which presented themselves at the Dispensary were published in the first and second volumes of this Journal, but were discontinued during the last year on account of the similarity of the cases to those before described. Lately, however, since the adoption of the charity by the public authorities of the county, it has acquired such an extension in its usefulness as to furnish, at all times, new and useful cases for clinical instruction. The lectures given on these will hereafter be regularly reported for this Journal.

CASE I.—*January 20, 1847.* F. D., aged 22 years, a German, of strong robust form, and bilious temperament, had been affected with *jaundice* for about a week, without suffering ill health previous to the attack. After the commencement of the discoloration of the skin, the patient was, for two or three days, troubled with a diarrhœa, with light colored discharges, which, at this time, had ceased. Urine exceedingly high colored, sclerotic coat of the eyes of a saf-

from hue, lucid cornea tinged and the skin of a deep yellow. Complains of no pain, but suffers from nausea almost constantly, especially when in the erect position. Discoloration had increased regularly and rapidly since the onset of the disease.

Remarks by Prof. EVANS.—GENTLEMEN: You have here a well marked case of *Jaundice*. It is rather a symptom of certain diseased conditions of the biliary organs, than a disease itself. The pathological condition is this: In health, the bile is eliminated from the blood for the double purpose of purifying the circulating mass and of exerting its peculiar influence on the bowels. When it is not separated and thrown off by the liver, either the bile, as such, or the constituent principles of which it is composed, are retained abnormally in the system, and hence the discoloration. And it is said to exert a narcotic influence, to which is attributed the languor experienced by patients suffering with jaundice. The absence of the natural stimulus furnished to the mucous membrane of the intestines causes irritation, and diarrhœa, with light colored fæces, showing absence of bile, as we have it in the case before us.

Jaundice depends upon an impaired secretion of bile, or an obstruction in its elimination.

There are numerous forms of disease that give rise to jaundice; and you must be extremely careful, here, not to prescribe for the *name*, but for the pathological condition producing the symptoms.

Jaundice may depend upon an organic lesion of the liver, either acute or chronic. In the case before us we have no tenderness over the region in which the liver is situated, which is the best diagnostic symptom of acute disease of the organ. The attack is sudden, with previous good health, and thus the history of the case proves it not to be a chronic lesion of structure. Nor have we the pain in the region of the scapula usually attendant upon structural lesions of the liver; nor yet have we the tumefaction of the liver. It may depend upon inflammation of the duodenum, causing a swelling of the coats of that intestine at the valvular opening of the ductus communis choledochus, so as to obstruct the flow of the bile. But in this case, the symptoms of duodenitis are not present.

It may depend upon disease of the heart. Dr. Graves thinks disease of the liver frequently is the result of disease of the heart. But here the action of the heart is natural, and the circulation is regular. If it were not, we might look out for congestion of the liver as a cause of the jaundice. Congestion of the portal circulation and, consequently, of the liver is a very common cause of functional derangement of this organ in the western country. Here, where disease is so universally a succession of paroxysms of congestion and of re-action, as in the chill and fever, it is not strange that jaundice should be common from functional derangements of the liver. It is not reasonable to expect that the liver should, during these congestions, continue to perform its function healthily. The extreme vascularity of the organ—being endowed with three distinct sets of blood-vessels—those from the portal circle, the hepatic arteries, and the hepatic veins, all of which are without valves to prevent regurgitation—subjects it, more than any other important organ, to suffer from lesions in the circulation. But, in this case, if it depend upon congestion, it must be entirely local, as the patient has been free from any general derangement of the circulation.

Jaundice may depend upon a tumor or abscess being so situated as to compress the biliary or common duct; but this comes on gradually, generally in case of tumors; and the symptoms of the formation of abscess have not been present.

A loaded condition of the duodenum making pressure upon the valvular opening of the common bile duct into that intestine, may give rise to jaundice; but this would give us a tumor in the region of the duodenum, which is not here.

It may depend upon an unhealthy secretion giving rise to obstructions in consequence of the presence, in the ducts, of gall stones, or viscid bile. This is the form of jaundice that is most rapid and sudden in its onset. The presence of gall stones, where they form obstructions to the flow of bile, gives great pain, resembling colic, generally followed by vomiting, which, from its relaxing influence, and the mechanical impetus given the retained bile, often effects relief. But the other form, which we have in the case before us, is attended with no very painful symptom. Nausea, which is very dis-

treassing, generally attends it, as in this case, and sometimes a fit of vomiting gives relief as in case of gall stones.

The probabilities of cure in cases of jaundice, are determined by the nature of the affection upon which the case is dependent. In this case we make a favorable prognosis.

The indications of cure are, to remove obstructions, restore the healthy action of the liver, and give tone to the general system.

By the administration of an emetic of tart. ant. et pot., combined with ipecac., we may, to a certain extent, fill two of these indications—to remove the viscid bile from the duct, and alter and increase the secretion. After the operation of the emetic, the secretion may be promoted by the administration of five grain doses of calomel at intervals of four hours until three are taken, combined with Dover's powder to prevent it from passing off too rapidly by the bowels; this to be followed by castor oil.

January 22. The patient returned, much relieved from the sickness of the stomach, the most distressing symptom.

Calomel and Dover's powder repeated, to be followed by castor oil, as before. Patient directed to use tincture of the bark of the root of Wild Cherry, (*Prunus Virginiana*.) half a wine-glassful three times daily.

January 25. Patient much improved. Directed to continue the use of the tincture. Under this treatment he was speedily restored to health.

CASE II—*Surgical Clinic*.—A. B., aged 32, of Will county, Illinois, applied January 1, 1847, for relief from a dropsical affection, and also on account of a fistulæ of the anus under which he had been laboring for eight years. The serous effusion was removed by the use of the decoction of the bark of wahoo—a new remedy, with the properties of which the readers of the Journal are already acquainted, and whose good effects have often been conspicuous during the past winter in the treatment of effusions following upon fevers.

Prof. Brainard, upon commencing the treatment of the fistula, remarked, that “it is a disease which very often exists for many years, either without the patient being aware of its presence, or without giving rise to sufficient inconvenience to induce him to apply for relief. The disease consists of a nar-

row passage existing at the side of the rectum, having in some cases, both an internal and an external opening; in others an internal, and in others still an external opening only.

The first is called complete; the second incomplete internal; and the last incomplete external fistula. Fistula results from abscesses which, forming in the vicinity of the anus, pass into this state from the movements of the sphincter ani, the contractions of which prevent it from healing. Or it may commence in the mucous ducts or follicles which are situated in the depression between the internal and external sphincters. It is not unfrequently found in connection with phthisis pulmonalis, or other diseases producing or following upon an impaired constitution. In these cases, the fistulous passage often extends around the rectum, or for a considerable distance upward at its side, passing sometimes within the tuberosity of the ischium, and having several openings externally.

The existence of a fistula of the anus may be suspected from pain and heat of the part, attended, usually, by a moisture produced by a slight but constant discharge of pus from its orifice. This orifice, when external, is often concealed by folds of skin, but its locality will generally be indicated by a small mucous tubercle.

For the purpose of examination, the patient should be placed in a convenient position, and a probe passed into the fistula. The finger, well oiled, should at this time be passed into the rectum, by which means the extent and direction of the fistula can be ascertained.

In the present instance, we find it to be very extensive; the external opening being in the perineum, and the internal one two inches from the anus.

The treatment of fistula of the anus divides itself into two different classes of means; the one having for its object the cure without, the second by means of, an operation. A recent fistula may often be cured by means of laxatives which prevent the injury of the parts by hardened feces, whilst irritation is excited by nit. arg., sulph. cupri, or other escharotics. In old cases, and especially those which are extensive, this mode is entirely ineffectual, and it becomes necessary, either to resort to some operation or leave the case to nature.

There are instances in which the latter method is preferable. They are all those where the disease is connected with phthisis or other form of cachexia, when any operation would not only be useless, but might be injurious. The case before us partakes somewhat of this character, the patient being of broken constitution and but recently relieved, as you know, from a severe dropsical affection. Desirous of doing nothing which might give too severe a shock to the constitution, we shall, in this case not perform the usual operation for fistula, which consists in dividing, upon a director, all that portion of tissue situated between it and the rectum, and which, when they are widely separated, is of considerable severity.

Desirous, however, of doing something for his relief, we shall adopt a middle course, and use a means little known and used in the profession, but which, in a few cases, will be found to possess advantages over any other. The method of treatment alluded to is that by ligature. A piece of common saddler's silk should be passed, by means of an eyed probe, through the fistula, and brought out at the anus, so as to embrace all that portion of tissue usually divided in operating; the two extremities of the ligature are then to be joined together by means of a slip knot, so as to allow of its being easily drawn tight. This is to be immediately closed and repeated daily until the parts embraced are diminished gradually by ulceration, which requires several weeks, but which is attended by but little pain."

The operation of introducing the ligature was then performed as above described, and at the present time, March 6th, but a small portion of tissue remains to be divided. The cure might have been long since completed but for the want of care on the part of the patient in tightening the ligature. His general health is improved, and he will soon be capable of performing the ordinary labor of a man.

CASE. III—*Phymosis*.—J. B., aged, 14 years, from Kendall county Illinois, came to the Dispensary February 20th, 1847, for relief from a phymosis. On examination, the orifice of the prepuce was found to be so small as barely to admit the extremity of a common sized probe. The father of the boy stated that the malformation had existed from birth, but had been several times operated upon by simple division without

success. Prof. Brainard stated, that "before performing the operation required in this case, it was desirable to consider, for a short time, the causes producing the difficulty and the reasons requiring an operation. The prepuce in young persons is usually so contracted before the glans penis as to render its retraction difficult or impossible, and this state often continues during life without producing more than a simple inconvenience, and not by any means requiring an operation for its relief. At times, however, from the accumulation of vitiated secretion or the deposition of venereal virus beneath the prepuce, ulcerations take place difficult to heal and requiring incisions for their full exposure.

In other cases the occurrence of irritation at the orifice attended with slight ulceration produces such a contraction as to render the escape of the urine slow and difficult. Such is the case in the instance before us. The contraction in this case has, however, apparently been produced by the operations which were attempted for his relief; for, in each case, the contraction was carried to a greater extent than before. This tendency of the various canals to close under the influence of any irritation, which is often witnessed in the passages of the external ear, the mouth, the vagina, the urethra, etc., should fix the attention of surgeons, since, in many cases, by producing it artificially, we have a means of closing various preternatural openings, such as vesico-vaginal fistula, cleft palate, etc. But in order to obtain its full effect, we must imitate the action of disease itself, and keep up the irritation constantly for many months, and even years. There is scarcely any orifice or canal, either natural or otherwise, which can resist such continued applications without contracting and eventually closing altogether. It should also teach us that simply dilating, cauterizing or enlarging the orifice with the knife is a temporary means, followed, for the most part, by aggravation of the deformity. The operation which will be found most effectual in cases of phymosis consists either in dividing the prepuce freely from its extremity to the base of the glans penis and stitching together the external and internal coverings, or in simply circumcising the patient and stitching the two layers of integuments together all round at their points of division. In the present

case the latter operation is performed in consequence of the redundancy of the skin of the part."

The operation was then performed, and at the end of two weeks the patient returned home, cured, except at one or two small points not yet entirely cicatrized.

CASE IV—*Hydrocele of the Cord and Tunica Vaginalis in a child eighteen months old.*—This child was brought to the Dispensary February 26th, 1847, and presented a case remarkable for its size and the rapidity of its development. Prof. Brainard remarked that he should not go into a description of all the diagnostic signs of this affection, since the sensation of fluctuation was so distinct as to leave no doubt as to the fluid character of the contents of the tumor, and its translucency clearly reveals its serous nature. Neither should he describe all the different methods formerly employed for its cure. At present scarcely any other operation for hydrocele is thought of except injection; and the fluid used is generally a solution of iodine and hyd. potass., in various proportions, according to the degree of strength required. The peculiarity of this operation as practiced by Prof. Brainard consists in his using a very fine trochar, not larger than a middle sized knitting needle; and having allowed the fluid to flow out through the canala, injecting two fluidrachms of the above named solution, *which is all allowed to remain.* By this means sufficient inflammation to secure adhesion is produced without danger of suppuration.

The operation was, in this case, performed with success.

CASE V—*Partial Closure of the Mouth resulting from Mercurial Salivation.*—A. Duffy, aged 8 years, came to the Dispensary with this affection, of one year's standing. The cicatrix was on the left side, extending between the gums of the bi-cuspid teeth, narrow, and sufficiently long to allow of the mouth being opened half an inch. Prof. Brainard explained in full the causes and character of this kind of deformity, which he stated to be extremely common in the western States. For this description we refer our readers to the Am. Journ. of the Med. Sci., for August, 1843, where may be found, also, a figure of the instrument used by Dr. B. for separating the jaws in difficult cases. The present case being comparatively slight, the cicatrix was simply divided by

a horizontal cut, which allowed the jaws fully to open. When thus open, the anterior and posterior margins of the wound were approximated by stitches so that only a vertical line was left. This simple operation was invented for this case, and was fully successful; the boy enjoying, at the present time, full movement of the lower jaw.

Chicago, March 9th, 1847.

PART II.—REVIEWS.

ARTICLE V.

Lectures on Natural and Difficult Parturition: By EDWARD WILLIAM MURPHY, A. M., M. D., Professor of Midwifery, University College, London; Obstetric Physician, University College Hospital; and formerly Assistant Physician to the Dublin Lying-in Hospital. New York: S. S. and Wm. Wood. 1846. pp. 281. (From the Publishers.)

This is a neat little volume, and very convenient, both for the student and practitioner.

The author has wisely refrained from lengthy discussions in reference to the opinions of authors, and confined himself to facts. He has also studied brevity to good advantage, and, in this respect, this little work forms a striking contrast with the large amount of verbose medical literature which has been issuing from the press during the last few years.

The first lecture gives a concise description of the bones of the pelvis, with its measurements, and those of the fetal head; showing the beautiful mechanism in the adaptation of the diameters of the pelvis to those of the child's head.

The second lecture shows the different modes of measuring the pelvis, and the proportions of its natural form; variations from which constitute deformities. The causes of deformities of the pelvis are briefly discussed, with the use of the different instruments for detecting them; in reference to which he has correctly come to the conclusion, that, where the deformity is great, there is but little use for them, and where it is slight they are not sufficiently accurate to be depended upon. The lecture closes as follows:

“Besides these modes of measuring the pelvis, none of which can be depended upon, there are what have been called ‘digital measurements;’ or, in other words, the experienced accoucheur, from constant habit, when he passes the fingers or hand into the vagina, will form a very accurate estimate of the space in the pelvis. This is done in different ways: if one or two fingers are pressed towards the promontory of the sacrum, and if they at all approach it, it is

certain the promontory projects too much, otherwise this never could happen, as you will find, if you try the experiment on the dried pelvis, sometimes as much of the hand as the vagina will admit, is introduced; if the sacrum below the promontory and pubis are only touched, when the fingers are separated, it indicates sufficient space; if it be impossible to separate them, the contrary; and from the degree to which the fingers are compressed, the amount of disproportion is estimated. In some instances it was impossible to get more than two or even one finger within the pelvis."

The third lecture is on the "Mechanism of Parturition," and gives the classification of labors by different authors, and proceeds to the consideration of the manner in which the expulsive forces are produced and applied to the child.

His stages of labor are—1st. The dilatation of the os uteri; 2d. The expulsion of the child; and 3d. The separation and delivery of the placenta—which is the simplest and most natural division.

To show the necessity of not being hasty in rupturing the membranes, a point of great practical importance, we extract the following:

"We would now direct your attention to the means provided by nature to prevent the danger which might arise during this process [dilatation]. If the uterus exerted its full power upon the undilated os uteri, and if the unyielding head of the child were driven forcibly against it, the almost certain consequence would be, that the irritation would excite increased resistance, and ultimately terminate in inflammation of the mouth of the uterus. To obviate such an effect, nature interposes a *fluid medium* between the power and the resistance. The liquor amnii contained within the membranes, occupies the cavity of the uterus, and when its parietes contract upon it, the force exerted is, as we have explained, by this means accurately conveyed to the os uteri. When the latter dilates in the slightest degree, the fluid insinuates within the smallest opening, and expands it by a direct lateral pressure against its edges. The power of the uterus is thus made to act in the most favorable manner for distending its mouth.

Other advantages are also gained. The os uteri may dilate irregularly; but any attempt to overcome forcibly the undilated portion, is prevented when the force is conveyed through a fluid, which, while it readily yields to an undue resistance, still maintains an equable pressure upon the edges of the os uteri. Any irregularity in the action of the uterine

fibres, is also, to a certain extent, obviated, because these contractions, although irregular, being still conveyed by the fluid, are thus equally communicated to the os uteri. Further, so long as the tissue of the uterus intervenes, it is necessary to moderate the great power which the uterus is capable of exercising to dilate it: this is effected by the liquor amnii. The force conveyed by a fluid, you are aware, does not act in one direction only, but is distributed to every part of the surface to which the fluid is applied. The force, therefore, which is exerted to expand the mouth of the uterus, being communicated by a fluid, is not only directed against the os tinæ, but against the fundus and sides of that organ. The fundus, consequently, is opposed, not only by the os uteri, but by its own action reflected by the liquor amnii. Hence, so long as the fluid remains and the os uteri is undilated, the more powerful the action of the fundus, the greater is the resistance to it. The actual force employed is, therefore, very moderate, and any sudden or violent effort at distension is altogether obviated. You may observe this in the character of the pains during this stage. You will find, that, however severely they may commence, they last but a short time, and the effect on the os uteri is comparatively slight. If these short, though severe pains, be contrasted with the long continued and powerful pains which follow them when the liquor amnii is discharged, and the os uteri dilated, the difference in effect will be sufficiently obvious. As a means, therefore, of conveying the whole muscular power of the uterus upon the os uteri—of moderating and equalizing the force employed—of dilating the mouth of the uterus without exciting irritation—the liquor amnii is of essential importance.”

And he might have added, also, that, where not discharged until full dilatation, at the commencement of the second stage—that of the passage of the child—it renders essential service by lubricating the parts.

In reference to the difficulties often presenting in the first stage, the author observes:

“There are, however, many exceptions to this condition, varying with the degree to which the density of structure in the os uteri may be increased. The cellular tissue is never so loose and permeable in the first instance as it becomes afterwards; the mouth of the uterus is, therefore, more resisting in first than in subsequent pregnancies. Its structure retains more of its elasticity and firmness in young women pregnant for the first time, and consequently much more time is occupied in unfolding it; hence, the first stage of labor is

always longer in primiparæ than in those who have had many children. The os uteri is still more firm and resisting, if, in addition to a first pregnancy, the woman be advanced in years: the cervix and os uteri remain close, compact, and impermeable to the moment of parturition, which may be attributed to the increased firmness and diminished vascularity which age produces in the tissues generally. It then obtains the name of *rigid os uteri*. But there are different degrees of rigidity. Sometimes the structure is only *tough*. It gives way very slowly to the action of the uterus—nevertheless, it yields, although, as it were, reluctantly. In such cases, the os uteri may remain cool and free from tenderness, but opposes a firm resistance to the pressure of the finger, and always requires a long time before the dilatation is accomplished. There is, however, a certain class of cases in which this condition of the uterus is in the extreme. It might almost be called the *undilatable os uteri*. In this state its structure is unusually dense, and feels like cartilage. The edge of the os uteri is perfectly unyielding; when thick, it might be compared to the feel of Gimbernat's ligament. If very thin, it still offers the same resistance, and is to the touch like a hole made in parchment. Instances of this extreme rigidity are met with, not only in women who are advanced in life, but in those who have been, all their lives, accustomed to much bodily exertion, and exposed to the vicissitudes of laborious occupations. They are generally hard featured, coarse skinned, muscular women, of low stature, with thick short fingers, large wrists, and the bones generally prominent. It is in these cases you meet with that form of pelvis that I have described to you, as possessing many of the characters of the male pelvis. If you should, unfortunately, meet with a case of this kind, you must be prepared for difficulties from the commencement to the termination of labor, and, therefore, the consideration of it deserves your closest attention.

"All these varieties are included under the term 'rigidity.' But besides, there are cases where the os uteri becomes *rigid although previously dilatable*. If the os uteri become inflamed, rigidity is the result of it; the os tincæ grows hot and tender, is swollen, and becomes rigid. This alteration may arise from any irritation: premature rupture of the membranes for instance, by which the head is brought into direct contact with the undilated os uteri. It is also often induced, not by accidental causes, but by too much meddling, making too frequent examinations, attempting to dilate the os uteri artificially, etc. You cannot, therefore, be too cautious in this respect. Sometimes the head of the child presses so unequally upon the os uteri as to excite inflammation in it. The

head may not be directed exactly in the axis of the brim, but may rather rest upon the pubic portion of it, compressing the anterior lip of the uterus with every pain. While the remaining portion of the mouth of the uterus expands, this remains undilated, and forms a band in front of the head. When the membranes are ruptured, the pressure is so much increased that the anterior lip often inflames and grows quite rigid. Again, there are cases where the os uteri is driven down with the head into the pelvic cavity, and the whole circle of the os tincæ compressed so tightly against the pelvis as to produce inflammation; further dilatation is arrested, the os uteri is rigid, and if it remain long in this condition, slough may be the result; the whole os tincæ has been completely separated in this manner, and expelled with the head of the child."

The fourth lecture is upon the delivery of the child and the placenta—the fifth and sixth on the management of natural labor. The author directs the patient to be placed upon the left side, without mentioning any other position; an omission that might be expected from an English midwife; but, certainly, in those cases where the patient prefers it, and where there is no possible objection, it would be better to allow her to lie upon her back, as is preferred by some of the French authors.

The mode of preparing the patient by placing an oil-cloth or india-rubber next the bed, and cloths over it, may answer in large cities, but such directions will be of little use in the practice of most of our readers. Our author justly condemns the too common practice of patients remaining in their ordinary day-apparel during delivery, on the ground that the change of clothes immediately after delivery is extremely hazardous on account of the liability to hæmorrhage, and the fatigue it must produce at a time when repose is most important.

The best plan of preparing the patient for delivery, in this country, is to allow her to clothe herself in her night clothes—those she proposes to wear after delivery—except the skirt, and draw them around the waist under the arms; a thick skirt may then be drawn on, which may be removed after delivery by slipping it down, and another may be put in its place, without requiring the patient to rise up. The night clothes can be drawn down, the bandage applied, and all made comfortable without fatigue or exposure to the patient.

The importance of a proper application of the bandage by the practitioner himself is clearly set forth, and one of an elastic character, as flannel, strongly recommended.

The seventh, eighth, ninth, and tenth lectures are devoted to the consideration of tedious and laborious labors.

The causes of tedious labors are considered under the following heads, viz: over distension of the uterus; extreme obliquity; gradual escape of liquor amnii; hysterical excitement; mental despondency; rigidity of os uteri from inflammation; toughness of os uteri; extreme rigidity, &c. We extract the following:

"5. *Mental Despondency*.—This source of difficulty is but briefly alluded to by the majority of obstetric authors. 'Depressing passions of the mind' are enumerated among the causes that retard labor, but are not dwelt upon in proportion to their importance. Fortunately, extreme cases of this kind are rarely met with; but instances might be quoted in which death was the result of such a cause. Cases are occasionally recorded of *unaccountable sudden death* after labor, which might, perhaps, be explained in this way, if all the circumstances of the case were understood; at least, the few instances that have fallen under my notice, seemed to admit of such an interpretation. In one case death would, undoubtedly, have taken place, had not the cause of depression been so obvious.

"A poor, emaciated woman entered the Dublin Lying-in Hospital, January, 1834, to be delivered of her eighth child. 'Sharp misery had worn her to the bones;' her pulse was feeble, the action of the uterus weak; notwithstanding this, she was delivered in an hour after admission; no hæmorrhage took place, and the placenta was separated without any difficulty, but her delivery was followed by the most alarming depression, which required the utmost care and attention to prevent her sinking altogether. Fortunately, strong beef tea and other nutritious diet, had been given to her from the time of admission, so that, with the addition of stimulants, and maintaining the temperature of the surface, she gradually recovered. This was a case where poverty and starvation produced their usual effects, and consequently one more under the control of treatment than those melancholy instances in which some cause, operating on the mind alone, produces some extreme nervous shock which we cannot relieve, because we cannot 'minister unto a mind diseased.' An instance of this kind occurred in the same institution the following year, January, 1835. A young woman was admitted in labor of her first child. She was evidently above

the class of persons usually admitted into that establishment. She seemed rather to shun observation; and there were no symptoms attending labor that required interference. It proceeded to its conclusion without any interruption, and terminated within ten hours from its commencement. The pains were feeble, but they were sufficiently strong for the purpose; the patient herself appeared also weak. She was delivered of a girl; and in about a half an hour after the placenta was expelled; but the pulse instantly sunk, syncope followed, and every means that could be used failed to prevent dissolution, although the discharge from the uterus was not increased, nor was there the least evidence of hæmorrhage, either externally or internally.

"An inspection was made twelve hours after death, and no cause could be discovered to explain an event so unlooked for; her history, however, may do so. She had been one of a respectable family, delicately reared, and educated in the strictest moral principles. She had been seduced, betrayed, and deserted; and, to complete her miseries, had to endure her hour of trial in the reception ward of the Dublin Lying-in Hospital. I shall only mention another instance of this kind, which will, perhaps, more distinctly illustrate the effect of an extreme nervous shock.

"In the beginning of the year 1834, a poor woman had walked some distance to the Dublin Lying-in Hospital, and when near it was suddenly seized with the pains of labor. She was delivered in the street, and with much difficulty brought into the house before the placenta separated. It came away, however, without difficulty; and the trifling hæmorrhage that followed was easily arrested. Her alarm was very great, but after some time it subsided; she slept, and nothing further occurred out of the usual course until the following day. On that morning a patient was brought into the same ward to be delivered who was extremely boisterous; she occupied the next bed to this woman, who lay so quietly that she seemed to pay little attention to the disturbance. In the course of the day, however, she complained of being overcome by her cries. She felt faint as if she were sinking; she had slight pains in the epigastrium, some sickness of stomach, pulse rather rapid, compressible, and soft. The woman who caused this was fortunately delivered, and thus all further annoyance was removed; but this patient did not recover from the effect that it seemed to produce on her. Stimulants were given to her, the extremities and surface kept warm, and the most perfect quietness observed in the ward—but all to no purpose. In the evening she was seized with syncope so alarming as to excite the greatest apprehension for her safety; the extremities became cold, her motions passed invo-

luntarily, and she died in about three hours. The uterus was perfectly contracted; there was not the slightest appearance of hæmorrhage from the vagina, nor any symptom present to explain the cause of dissolution.

"A very careful inspection was made after death: all the viscera of the abdomen were quite healthy, the uterus firm and contracted to its usual size. There were some old adhesions in the lungs; the heart was small, and contained very little blood on the right side; the vessels were all sound; and the only alteration in the brain was an increased quantity of serum in the ventricles and at the base. No other explanation, therefore, was left, but the probable one, that she sunk in consequence of extreme nervous shock. Her own sudden delivery produced a strong impression on her mind in the first instance. This was again excited and increased by the violence of the patient alluded to, and hence the effect. It is probable that she would have recovered from the first shock, had it not been again renewed by this accident.

"These instances will illustrate the influence of the mind on the constitution at this critical period; they are, fortunately, rare; but those cases where the same cause operates in retarding, and sometimes in suspending, the action of the uterus, are more frequently met with. The sympathy (to use a popular term) that exists between the brain and the uterus is matter of daily observation, the change of feelings and temper that frequently result from pregnancy, the hallucinations that occur after delivery, from the slightest temporary aberration to long continued mania, all prove the influence of the uterus on the mind. So, on the other hand, a disturbed mind suspends the action of the uterus, just in the same manner as it interferes with the healthy action of the digestive organs. As in the latter class of cases you find the appetite gone, the digestion imperfect, the liver disordered, and the bowels constipated, so in the former parturition may be greatly prolonged, and the patient recovered with difficulty from the effect of a labor that otherwise would have been happily concluded within the average period. Such cases may come under your notice; it is therefore necessary to recollect their characters."

Under the head of laborious labors are considered all those difficulties arising from a want of due proportion in the pelvis or child's head, malposition, tumors, exhaustion, inflammation, &c.

In reference to the use of ergot the author says:

* * * "After a temporary rest has been thus produced, (by opium,) if the uterus still continues to act feebly,

ergot of rye may be given in an equally cautious manner, carefully attending to its influence on the pulse, and especially on the circulation of the fœtus. If, in either case, after giving this medicine, the rate of the pulsations be diminished, you must not persevere in its employment, otherwise the death of the child may be the result. It is also necessary to be careful to avoid the use of *secale cornutum*, if the delay in this stage arises from great disproportion between the head and the pelvis. It must be obvious to you, that, in a case like this, it would be very dangerous to use a means of exciting the action of the uterus, over which you can have no control. A preparation which exerts a specific influence on the uterus, which often causes the most violent action, and that not returning at intervals, as ordinary pains do, but which excites a *continuous* effort of the uterus to expel the child, is not the safest to employ when there is much resistance opposed to this action. The remedy, when cautiously administered, is useful, however, in those cases where the delay chiefly arises from want of power in the uterus, which may be exhausted if not thus artificially stimulated to action."

To this is appended a note giving the result of Drs. Beatty and Hardy's experiments with ergot, in which they come to the conclusion that a narcotic effect is produced upon the child in utero by the ergot given to the mother; but it has seemed to me that the deleterious effects upon the child oftener depend upon the constant and forcible contraction of the uterus where delivery is delayed after its administration.

Nothing is said of the use of ergot in preventing hæmorrhage—certainly one of its most important indications. Where the ergot has been given, I have never seen a case where troublesome hæmorrhage followed. I have, therefore, in my lectures, recommended that where there was a known tendency to flooding, or where there was reason to expect it to follow delivery, a dose of the ergot be given a few minutes before the expulsion of the child as a preventative. This practice has been extremely successful in my own hands.

In reference to the propriety of using the forceps in cases of impacted head, our author is certainly an alarmist. Many cases of retarded labor, where the head of the child is confined in the pelvis from slight disproportion or enfeebled action of the uterus, are allowed to remain unassisted

until the child is killed, and the mother's parts seriously injured so as to cause contusions, ulcerations, or sloughings to follow, when a resort is had to the forceps just in time for them to be made the scape goat to bear off the sins of this delay.

I have no disposition to make light of the dangers of using the forceps and other instruments—they certainly should be used with the greatest care—but what I do most positively object to is the practical results which follow such alarms in reference to instruments. Fear of their application causing delay until a large part of the benefit to be derived from them is lost. On this account I apprehend there is more of the mischief attributed to instruments dependent than on their awkward application. The author says:

“We are not generally favored with a faithful history of cases that illustrate the mischievous effects produced by the forceps. On the contrary, while the post-partum accidents of a skillful operation are deeply concealed in the shadows of the back ground of the picture, the surprising, the almost miraculous, power of the instrument is put prominently forward, with all the vividness of the most glowing and high colored description. Thus the truth is concealed from you, and so would remain, until exposed by your own dear-bought experience, except that you find scattered through the works of men whose skill is acknowledged, ominous hints and anxious warning against the improper application of these instruments. Many evidences might be quoted to this effect: we shall direct your attention to a few of them. Your late respected professor, Dr. Davis, paid a great deal of attention to the subject of instrumental labors, and was disposed to advocate a much bolder use of the forceps than what I should recommend; nevertheless, he candidly admits, that, ‘of all the instruments used in the practice of midwifery, those of the present class [the forceps] are unquestionably *the most dangerous to the mother*, inasmuch as in all cases where the forceps are used, the maternal tissues are more or less liable to contusion. All the fangs and framework are made of tempered steel, and let them be ever so well covered and defended they will still retain a great degree of hardness, calculated to bruise and to fret the soft and living texture which might be interposed between their covered surfaces and the solid walls of the pelvis.’

The same impression of mischief leads Dr. F. Ramsbothom to warn the practitioner that ‘cautiously and tenderly must his iron instrument be used! We must recollect that no

sensation can be imparted to the the operator's hand of any injury that may be done to the woman; and we must remember that one injudicious thrust, one forcible attempt at introduction, one violent effort at extraction, may bruise, may lacerate, may destroy! Dr. Blundell addresses his pupils thus—'When, however, you lay your hand upon the tractor or forceps, remember, that the accoucheur who is meddlesome may be guilty of occasioning laceration of the perinæum, rupture of the vagina, compression and death of the child, inflammation of the abdomen of the mother, and many other fatal consequences, *which I myself have had occasion to see*—a list of offences surely sufficient to alarm the prudent.'

"But let us come to more direct evidence. Riecke, in his report of the practice of the kingdom of Wurtemberg, gives the results of a very large number of cases, and amongst them those in which the attempt was made unsuccessfully to remove the impacted head by the forceps. He observes—'Almost always, perforation was preceded by attempts to apply the forceps, and to the great injury of the mothers, because perforations, not preceded by such attempts, presented much more favorable results. * * * * The trials at extractions with the forceps—which many accoucheurs continue to the extinction of the infant's life (although foreseeing the necessity for perforation)—exhaust the mother to that degree that she necessarily sinks under the effect of these violent efforts.' In allusion to similar inquiries, Dr. Collins remarks—'It is from being thoroughly convinced of these facts by long and extensive observation, that I consider the forceps quite inapplicable when the head becomes fixed in the pelvis, and the ear cannot be reached by the finger except by violence, in consequence of disproportion existing between the head and the pelvis. * * * * The results I have witnessed from such practice [delivery by the forceps] were most distressing: in some, the neck of the bladder or urethra either lacerated, or the injury by pressure from forceps so great as to produce sloughing and consequent incontinence of urine; in others, the recto-vaginal septum destroyed, either of which renders the sufferer miserable for life; and in two cases where the mouth of the womb was imperfectly dilated, so much injury was inflicted on this part as to terminate in death.' Dr. R. Lee, in his lectures, quotes the paragraph at full length from which these passages are extracted and adds—'The accuracy of these remarks is fully confirmed by all the forceps cases which have come under my observation, which exceed sixty in number.' It would occupy too much time to accumulate further testimony to the same effect. I trust sufficient has been laid before you to authorize the conclusions at which I have arrived, and which are now

submitted to you—viz.: that when the head is impacted in the pelvic cavity, it cannot be delivered by the forceps without such injury to the passages as might endanger the mother's life; that the probability of preserving the child's life is not sufficiently certain to justify an attempt which might be so hazardous; that in the great majority of these cases the death of the child takes place naturally, and it may be removed before symptoms dangerous to the mother present themselves; and, lastly, that if it should happen that the reverse occurs, and danger to the mother—whether from exhaustion or extending inflammation—is indicated before the death of the child, that then perforation is called for, rather than render the risk to the mother a certainty, by the dangers that result from a forcible extraction by the forceps."

Lecture eleventh treats of the use of instruments having in view the preservation of the lives of both mother and child. These instruments are the vectis and forceps. Lecture twelfth is a continuation of the subject of the application of instruments, which is clearly discussed, and the lecture closed by the following judicious remarks on a kindred subject:

"*The induction of premature labor* is one of the greatest improvements in modern practice, because, by its means, the leading principle of obstetric operations may be carried out, and both mother and child preserved, in cases in which otherwise we could hardly hope for such a result. We shall not occupy your time with by-gone discussions on the propriety of prematurely forcing labor; it is sufficient to say, that its propriety—nay, its necessity—is admitted in the cases we have described to you, and the only point to be determined, is the case in which this operation is required. We must recollect that, independently of other objections, we have a strong reason for not inducing premature action of the uterus if it can be avoided. The uterus is not prepared for such a change: the cervix is still unfolding, the connection between the uterus and the placenta is more intimate, the circulation in the uterus less easily diverted into other channels; consequently, you expose your patient to greater risk than at the conclusion of pregnancy, and this you would not be justified in doing without a sufficiently powerful motive. The safety of the child is your justification; but you must have clear proof that it is in danger. You cannot trust to an examination of the pelvis only, because, unless distortion is great, it would be premature to say that the child cannot be delivered. The most certain evidence is the result of previous labors.

and in the diseased pelvis you have generally sufficient proof of its necessity. Perforation may have been performed in the previous labor; or, with every successive labor, the contraction of the pelvis may have increased so as to render the last more difficult than that which preceded it. If, in such a case, the previous delivery were completed with much difficulty by the forceps, you may fairly assume that the next will require perforation. Thus, you will generally have sufficient evidence to guide you in these cases; but remember the induction of labor is not suitable in first pregnancies.

Different modes of exciting the action of the uterus have been proposed:—1st. *By direct irritation*, as frictions over this organ, artificial dilatation of the os uteri with the fingers or by the introduction of a sponge tent;—2d. *By the specific action of ergot of rye*;—3d, and lastly, *By deranging the connection between the uterus and the ovum*, either by detaching the membranes from the side of the uterus, or puncturing the membranes and allowing the liquor amnii to escape. Of these means the last is the most certain, but, at the same time, one which it would be preferable to avoid if other means were efficient for the purpose, because the liquor amnii would ensure a more favorable dilatation of the uterus, and the child be more secure. Ergot of rye is unsafe, because of the child, the preservation of which is your only motive for interfering; therefore, artificial dilatation by a sponge tent may be first tried, and if it fail, the membranes may be ruptured with a stilette. The action of the uterus sometimes commences immediately, but it may not begin for twenty-four or forty-eight hours after the operation.”

Lecture thirteenth, the last of the series, is devoted to an account of the instruments employed in obstetric practice.

The subjects discussed are illustrated throughout with appropriate cuts.

The volume closes with eighty-four aphorisms that may be useful to the practitioner as setting forth, in a few words, the great principles of the science of obstetrics. We heartily recommend this as one of the least exceptionable works on the subject extant—and in view of its brevity, being such that the busiest practitioner may find time to read it. E.

PART III.—BIBLIOGRAPHICAL NOTICES.

ARTICLE VI.

Eighth Annual Report of the Directors and Superintendent of the Ohio Lunatic Asylum, to the forty-fifth General Assembly for the year 1846.

Report of the Pennsylvania Hospital for the Insane, for the year 1846. By THOMAS S. KIRKBRIDE, M. D., Physician to the Institution. Philad. 1847.

Twenty-ninth Annual Report on the state of the Asylum for the Relief of Persons deprived of the use of their Reason: to which is added an Account of the Asylum. Published by direction of the Contributors. Third month, 1846.

Fourteenth Annual Report of the Trustees of the State Lunatic Hospital, at Worcester, (Mass.,) Dec., 1846.

Memorial of Miss D. L. Dix to the General Assembly of the State of Illinois, praying the establishment of a State Hospital for the Insane. January 11th, 1847.

These documents evince an increasing interest in reference to the insane, alike gratifying to every philanthropist, and honorable to the age in which we live.

Success in the cure of patients seems abundantly to crown the operations of all these institutions.

From the first we make the following extract, which, as we have reason to know, is but an expression of public sentiment in our noble sister State:

“The directors are much gratified in being able to announce that this great enterprize of benevolence may now be considered as completed. *The work is done.* Its conception and execution belong to the people of the state of Ohio. The work is emphatically theirs. In all the agitations and mutations of parties—in all the monetary revulsions which have occurred since it was commenced, its progress has never been for a moment improperly delayed. Not a solitary voice of dissension has been heard upon the subject. Every year has witnessed the spectacle of a whole people, through their representatives, coming up as one man to lay their united

offerings upon the shrine they had consecrated to the most touching and pitiable of human woes."

The subject is thus continued:

"It was remarked by the board, in their last annual report, that works like this, and the kindred charities which have grown up by its side are peculiarly the growth of christian times. Heathen lands have exhibited nothing similar. Antiquity had her wonders of science and of art—her Colussus—her pyramids—her triumphal arches—her amphitheatres and temples—which surpassed the proudest work of modern times—but in her palmiest days she had no Asylum for the insane—no educational institutions for the dumb and blind. The sepulchres of her history contain no trace of such a conception. Christianity was indispensable to their production. Between them and it, is the inseparable relation of cause and effect. How benign, and how wide spread and deep-rooted must be the influences which have produced such results!

"The subject suggests some further remarks, no less just and striking. Our own country is taking the lead in the establishment and promotion of these charities. The capability of man for self-government is a problem long since solved by our history. The diffusion of knowledge, the development of mind, and the highest prosperity are shown to be the fruits of free government. Its enemies still insisted that it must necessarily prove unfavorable to the progress of religion and benevolence. The rise and growth of these beautiful charities among us, are evidences upon that subject of the greatest weight. They prove that self-governed man is capable of the deepest sympathy for the afflictions of his brother man, and of the highest efforts to relieve them. He permits neither the sordid spirit of gain, nor any other selfish purpose, in his public councils or his individual action, to obliterate the better feelings of his nature. He seeks out the most helpless of the children of sorrow, and makes them the object of his care and bounty. The entire community recognizes it as a great and solemn public duty to provide for them and provision is made accordingly. Young as we are, no country is in advance of us in this work. This is a triumphant reply to the imputation alluded to."

The institution is calculated to accommodate three hundred and fifty patients. It had under care, at the date of the report, two hundred and eighty-three, and the number was rapidly increasing as apartments were fitted up for their reception. During the eight years of its successful operation,

it has, at almost all times, been full to crowding with patients from within the limits of the State.

The expenses for the support of the institution, including over two thousand dollars for improvements, repairs, and furniture, payment of officers, attendants and hands for the year, was \$22,946 07. The average number of patients in the institution during this time was two hundred and forty-four—making the cost for each patient, covering all expenses, about \$94 00 per annum, or about \$1 80 per week.

The second of these is a report from one of the finest institutions in the country. It is a branch of the old Pennsylvania Hospital, in Pine street above Eighth, Philadelphia, which was incorporated in 1752, and which, notwithstanding a yearly expense of many thousand dollars upon free patients, has, by rise in the value of its property, and the donation of benevolent individuals, become so wealthy as, six years ago, to erect this noble branch on a farm of over one hundred acres, two miles west of the city, at an expense of near three hundred thousand dollars, and since, to keep it in successful operation. During the past year extensive additions have been made to the institution, providing room for many additional patients, which will soon be finished and ready for their reception.

The past has been its most prosperous year, both in reference to the number of patients applying for relief, and in the success of treatment.

The average number of patients is one hundred and seventy-three, and the number of those discharged cured is eighty-nine.

The third is from one of the oldest institutions of the country, having been opened for the reception of patients in the year 1817, and was at that time far in advance of any thing of the kind in this country. It is under the exclusive care and management of the Society of Friends, by whom it was founded. The average number of patients in the asylum during the past year is 57½. There were received 26, and discharged or died, 34. Of those discharged there were 15 cured, 6 improved, 7 stationary, and 6 died.

We make the following extract from the account of the asylum by the attending physician, Dr. Evans:

* * * "The real state of the houses for the reception and treatment of the insane, in Great Britain, was first disclosed to the public, by the report of a committee of the House of Commons, published in 1816. Credulity itself is staggered at the recital of the before unheard of cruelty practised and misery endured, within the walls of most of those institutions, many of which the public had been accustomed to regard with pride, as monuments of their liberality and benevolence. There were, however, a few honorable exceptions, and conspicuous among these was the Retreat near York, which was projected by the Society of Friends as early as 1792, the same year in which Pinel commenced his celebrated reform in the Bicêtre at Paris. The plan of that Institution originated with a few individuals in the Society, who, having accidentally become acquainted with the manner in which the insane were habitually treated, resolved to rescue such of their fellow professors as suffered under that pre-eminent affliction, from the misery which surrounded them, and to place them in a situation where they would be subjected to a totally different course of management from that pursued in any of the existing establishments. Accordingly grounds were purchased, buildings erected, and in 1796 a considerable number of patients received, and a course of treatment carried, such as had never before been practised towards the insane, and which gave a rational ground to hope that their cure would be effected, or, at all events, their comfort and welfare secured. The Retreat was soon resorted to by others than Friends, and a short time the success obtained there demonstrated, beyond contradiction, the superior efficacy, both in respect of cure and security, of a mild and humane system of treatment in all cases of mental disorder. To the philanthropic members of that religious society who founded and conducted the Retreat, belongs (together with Pinel, who made some reformation in the horrible abuses of one of the Paris hospitals,) the credit, whatever it may be, of changing the course of treatment long pursued towards those deprived of the use of their reason, and restoring to them that sympathetic kindness and control which their affliction peculiarly demands. The example thus set was slow in extending its influence, as is evident from the state of the institutions throughout Great Britain, when the investigation before alluded to took place. That it had, however, a decided effect in awakening the public mind to the importance of a reformation in the insane hospitals, is shown by several parts of the evidence given before the committee

of the House of Commons. Dr. Weir, Inspector of Naval Hospitals states, in his testimony, that 'the object of almost every insane institution, whether of a public or private description had been the *security* of those pitiable objects; comfort, medical and moral treatment being in a great measure overlooked; happily, however, for that class of society, the Quaker's Retreat at York, has at last convinced the world how much may be done towards the amelioration of their condition.'"

The fourth is also from one of the veteran institutions of this country. It is a State establishments, but has received one or two large legacies from private individuals.

The original plan and building was designed for the accommodation of one hundred and twenty patients, to which, during the fourteen years that have elapsed since it went into operation, have been added several additional wings, with detached buildings, so that, during the past year the average number of patients has been three hundred and fifty-nine, and the number who have enjoyed its benefits during the same period is six hundred and thirty-seven.

The per cent. of recoveries on all recent cases is seventy-nine; on old cases, that is on cases of more than one year's standing, it is twenty-eight; and on all cases, fifty-seven.

The following are notes taken of the post mortem examination of the remarkable and melancholy case of a girl who was, for a long time, deprived of almost all of her external senses, an interesting account of which was extracted from the thirteenth annual report of this institution, and published on page 68, Vol. I, No. 1, new series, of this Journal:

"External appearance small, emaciated, pale.

"Dura mater not unusually adherent, nor were glandula pacchioni.

"Brain unusually firm; red points in section not more than usual; no unusual congestion; no unusual serum in arachnoid; perhaps one ounce of serum in the ventricles, and more at the base of the brain. On being removed from the cranium and turned over, the origin of the olfactory and the whole of the optic nerves were partly concealed by a considerable amount of false membrane, not recent; the nerves themselves were not softened and no pus or lymph was seen. Just at the forward part of the left middle lobe of the cerebrum, there was a greenish portion, two or three lines in superficial

extent, under the pia mater, looking at first like a tuberculous mass. On cutting through this, there was seen a mass of disease, presenting two appearances, viz.: first, a white portion bespotted with red, the red consisting of minute coagulæ; second, surrounding this first part, there was a golden or yellow part which was somewhat different. The centre portion was an inch, more or less in irregular diameter; the other portion one half an inch and regularly defined—the substance of the brain outside of this being firm; this lay just in front of the optic thalamus, but did not reach it. There was another mass of disease precisely similar, just below the posterior cornu of the right lateral ventricle. This latter did not quite reach to the base of the brain, and was considerably larger.

"The cerebellum was healthy; no disease was seen in the first two or three inches of the medulla oblongata.

"There was universal adhesion of the pleura—abundant scattered tubercles in the lungs, but no considerable agglomeration.

"The liver was large, pale, and supposed, to be fatty.

"The spleen was of the usual size and healthy, except a portion of an inch in diameter, which was distinct, palish, and friable, looking like a commencing metastatic abscess.

"The peritonum exhibited, every where, a fine bright red vascularity, but was not sticky, and presented no pus nor recent lymph.

"The omentum was very much thickened, being in some parts one or two inches thick, and quite red on the surface. It cut like scirrhus, but had no tubercles in it. There was a portion of it reaching into the right iliac region, which was very large and thick. The whole peritoneal surface of the intestines was studded with little drops, looking at first like recent lymph, but they could not be scraped off with a knife.

"The uterus, fallopian tubes, and ovaries were one mass of tubercular disease."

The memorial of Miss Dix is a strong and urgent appeal to the legislature of Illinois in behalf of the insane of that State, which, we are happy to say, has not been made in vain. A bill was passed at its recent session, providing for a Hospital for the Insane, to be located at Jacksonville, and an especial tax was levied to raise the means for its erection.

After setting forth the necessity of the early treatment of insanity, by a host of authorities, and clearly showing that proper care and treatment can only be given in a hospital, she gives the following, with many other reasons, for complying with her petition:

"Of the urgent necessity for a hospital in Illinois, many are sensible who will read these pages; but there is, perhaps, a larger number to whose minds this claim presents itself under the view of no serious and positive obligation. A little inquiry will satisfy all who doubt, that this is either a great or an increasing evil. Illinois, according to the years since the country was settled, has a full proportion of insane, idiotic, and epileptic patients; not numerous enough merely to make it expedient to establish a hospital appropriate for their care and cure, for their own protection and the protection of others; but an uncompromising duty, from the voice of whose warnings and admonitions there is no mode of escape or evasion. Here humanity, receiving impulse from woe; selfish motives, claiming relief from anxiety and perplexity which never cease their distractions; and political economy, now more clamorous than ever, combine to hasten your efficient action upon this most solemn question. A few, the timid and superficial readers of their fellow men, but a few, will plead against appropriations for this work, on the unsound reasoning that their constituents will disapprove the measure; but I believe that it cannot be shown that the people at large ever manifest displeasure when their representatives appropriate their money to such objects as these. The citizens of Illinois, as other States, will not be found backward to make even some sacrifices, should these be required, when it is made evident that great sufferings exist within their borders, which they have the ability to mitigate, to control, and to limit.

* * * * *

"Legislators of Illinois! upon your action on this question rest the peace and happiness, the usefulness and the lives of thousands of your fellow citizens;—nay, your own immediate interests herein are indissolubly intertwined. Who shall say that the familiar friend, the revered parent, the child of his affections, the beloved wife of his bosom, aye, even he himself may not claim the guardian care now solemnly as urgently solicited for others? Timely provide for maladies which cannot be wholly averted, but whose dire distresses may be mitigated and oftener healed.

"Rise not from the grave and often perplexing deliberations, which claim your legislation, till you have added to acts bearing merely on the political condition of your State, this work of peremptory obligation to humanity. Retire not from these Halls in which honor, integrity, and justice should rule till you have rendered this noble service to your fellow citizens; a service which shall be commemorated long after you shall have passed from the active stage of this life; a service, the holy recollections of which will assist to smooth your path through the 'dark valley;' and which the recording angel shall

inscribe in the book of life; 'For the memory of righteous acts shall never perish, neither in this world, nor in that which is to come!'" E.

ARTICLE VII.

The Diagnosis, Pathology, and Treatment of Diseases of the Chest: By W. W. GERHARD, M. D., Lecturer on Clinical Medicine to the University of Pennsylvania; one of the Physicians to the Pennsylvania Hospital, etc. Second Edition, revised and enlarged. Philadelphia: Ed. Barrington & Geo. Haswell. 1846. pp. 288.

We are gratified to see a second edition of this deservedly popular work. The great importance of the class of diseases of which it treats, and the acknowledged ability and qualifications of its author, to do it ample justice, are good reasons why it should be in the library of every physician in the country. E.

ARTICLE VIII.

New Elements of Operative Surgery: By ALF. A. S. M. VELPEAU. Accompanied with an Atlas of twenty-two plates. Translated by P. S. TOWNSHEND, M. D., under the supervision of VALENTINE MOTT, M. D., etc., Vol. III. New York: Samuel S. & Wm. Wood, 1846. pp. 1162, 8 vo. (From the Publishers.)

We have, some time since, acknowledged the receipt of the second volume of this work with the promise of a further notice at a future time. The third, with the atlas, completing the work, is now before us, but we are still unable to do more than announce its appearance. Indeed, we must despair of being able to give an analysis of its contents. It is a work which embraces almost every known or imagined operation

of early or late times, and is indispensable as a work of reference to surgeons. While the additions of the American editor and translator embrace near 1500 pages, there is little of American surgery recorded there except the operations and report of cases by Dr. Mott.

A concise and well digested account of those parts of American surgery not contained in the original would have been much more valuable, and have occupied much less space than this accumulation of cases long since reported in the medical periodicals.

The plates of the Atlas embrace a great variety of instruments used in surgery, and are very well executed. D. B.

PART IV.—SELECTIONS.

1. *Intermittent Fever—Its various forms—their treatment—abortive treatment of Remittent Fever.* By LEWIS D. FORD, M. D., Professor of the Institutes and Practice of Medicine in the Medical College of Georgia.

In continuation of this subject, commenced in No. 9, Vol. 1, of this Journal, the writer passes to that form commonly called Remittent fever.

If, as has been shown, it is the duty and interest of the practitioner of this climate to understand the lineaments and the pathology of malignant Intermittent fever; how much greater is the obligation upon him to know well the nature of Remittent—the former being of comparatively rare occurrence, whilst the latter may be called, emphatically, *the disease* of the Southern clime, constituting, as it does, the great mass of his cases, in the summer and autumn; and the result of his treatment of this fever determining his professional reputation.

The popular, almost universal name of Bilious fever it may be remarked, in passing, is highly objectionable—a name suggested by the marked disorders of the biliary secretions usually present, and by the pathology which regards it as dependent essentially, upon disease of the liver. Manifestly inappropriate to those cases not characterized by bilious disorder, it is, at best, an unfortunate name, because of the prejudice it creates in weak minds, that vitiated bile or a diseased state of the liver is its proximate cause. There is a peculiar propriety in the simple name of Remittent; this, describing the prominent characteristic feature of its every variety, and directing the mind to its *paroxysmal* character as the most essential feature, and giving a bias to enquiry into the nature of *paroxysmal* fevers, which directs to the knowledge of their nature.

Remittent fevers are characterized by an abatement of all their symptoms, at regular periods, generally once in twenty-four hours. This state of remission differs from an intermission, in that there are still present the febrile symptoms, but these diminished in violence. Individual cases, having this one feature of remittency in common, yet vary in their other symptoms, and in the organ or organs prominently affected; so that it is impossible to give a general description of remittent fever, which shall embrace all its varieties. It is therefore proposed to notice very generally the simplest form, and then its most difficult and dangerous varieties. The object of the writer being rather to develope

the pathology and treatment, it will not be necessary to give at large, the symptoms of simple remittent fever, and he therefore refers to the description of this to be found in systematic writers. The remark upon reading these descriptions is obvious, that they do but detail the symptoms of a paroxysm of Intermittent. Cullen, for example, embraces both forms under the one head of intermittents, alluding to the difference in the duration and degree of the intermission, as the only difference in their external characters. And, when described by others as different forms, yet it is but the re-production of the symptoms of the intermittent form. So that it may be considered a fact, that cases of *simple* remittent fever do occur in this climate, and this is generally in the early summer, and run their course, for many days, without any more prominent local affection than in intermittents, and often terminate in intermittents.

In referring to the graver forms of this fever up to the most malignant, it may be remarked, that all these are marked by some predominating affection of one or more vital organs, thus giving individuality to each. Thus, a common form is that, which may be called cephalitic remittent—in which there is violent pain in the head, and giddiness and intolerance of low degrees of light and sound; these symptoms alternating with high maniacal delirium, and accompanied with nausea and even vomiting—these latter symptoms, evidently, not dependent on the gastritic state, but having the same relation to the state of the brain as they have in idiopathic phrenitis, uncomplicated with gastritis—sympathetic gastric disturbances, capable of being calmed by antiemetics. If unrelieved, this form has a rapid course, and terminates with the symptoms of the last stage of fatal phrenitis.

A still more common form is that marked by head-ache and even delirium; but these are not as prominent and distressing symptoms as persevering nausea and violent uncontrollable vomiting with a red dry tongue, or furred yellow, or brown in the middle its edges and end only red and dry, with pain at the epigastrium increased by pressure, the bowels generally loose—constituting gastric remittent. Another is enteric remittent, characterized by diarrhoea, which is notably increased at every succeeding paroxysm, and by even mild laxatives. Each one of these forms is pretty uniformly accompanied with disorders of the biliary secretions. But there are other forms, characterized chiefly by these bilious derangements; as by an excessive secretion of bile of a healthy color, a bright yellow color, poured out in such quantity as to regurgitate into the stomach and produce nausea and vomiting of this bile, and by bilious purging. Another variety in the biliary secretion is the entirely opposite of this, dependent on a more serious and more controlling disorder of the liver—a suspended secretion, ac-

accompanied with nausea and vomiting, but no bile discharged. With fulness, heaviness, and oppression of the epigastrium, sighing and general restlessness, a dull head-ache, dingy color of the skin, torpid bowels, which under the operation of saline and even drastic cathartics, do not discharge bilious stools.

Each one of these forms of remittent, may terminate in the typhoid state, with its characteristic symptoms of delirium, *subsultus tendinum*, extremely frequent pulse, diarrhoea and tympanitis.

The most fatal, or most rapidly fatal, is the algid form—characterized by imperfect reaction, unequal distribution of animal heat, cold extremities, and coldness of the general surface, and disordered sensation—a sense of heat at the surface as well as internal heat, with oppression of the chest and epigastrium, laborious respiration, jactitation, &c. This old form is now better known under the new name of *Congestive Fever*.

In reviewing the opinions of the profession on the pathology of remittents, it strikes the writer that too much importance has been given to the local congestions and inflammations, which form universally a part and parcel of the more serious cases of the disease—that too much reliance has been placed upon *post-mortem* appearances, as indicative of original and substantial disease—that the accidents and consequences of the disease have been mistaken for its original basis. Allowing for a moment that the evidences of gastro-intestinal inflammation were much more frequent than observation determines them to be—that they were found in every case; the conclusion is by no means warranted, that the disease is substantially a gastro-enteritis; it is as absurd as would be the conclusion that gastro intestinal inflammation formed no part of infantile remittent fever, merely because autopsic examination found the physical traces of disease in the cavity of the cranium, and the stomach and intestines sound. Whilst the information of pathological anatomy in this disease has a great value, yet the interpretation of the functional symptoms is more to be relied upon, in determining the location, at least, of its primitive irritation.

However the forms of remittent fever may be varied by the predominance of local symptoms, this character of periodicity marks them all—the disease is equally *paroxysmal*, when characterized by encephalitic symptoms as by gastric—*paroxysmal* in the thoracic varieties, and still *paroxysmal* in the simple form, which is characterized by no more prominent local disease than exists in the paroxysm of the simplest intermittent; and therefore this periodicity cannot be dependent upon any one of these local affections, it must depend upon some affection of some part of the system, as uniformly pre-

sent as this remittance. These local affections, then, how violent soever they may be—how controlling soever their influence upon the progress and final termination of remitting fever, may, with great propriety, be called complications or accidents, in reference to the fever itself. As to the relation of these complications to periodical fever, the writer referring to the cases adduced in the previous No. of this Journal, to prove the independence of the fever upon them, would remark further, that these accidents are manifestly not immaterial, but on the contrary, exert the most decided control over the regularity of the paroxysms, and are the immediate causes of their fatality. Thus, simple remittents are most regular in their paroxysms, and preserve this regularity throughout their whole course—the paroxysms more distinctly separated from each other; and, again, as the local affection becomes more fixed and more violent, in the same degree is the regularity of the paroxysms interrupted, the remissions are shorter and more obscure, until finally, with the complete establishment of the phlegmasial state upon the organ, the remissions cease and the case passes to the continued form. Thus it may be perceived that so far from phlegmasial disease determining the remittent fever, the very opposite is true—it destroys the type.

It is true of malignant remittent as of intermittent fevers, that they preserve their character of mild remittents, for some paroxysms, and gradually pass into the malignant; and of these the remark is universally true, that the local phlegmasia or congestion is increased by each succeeding paroxysm—that while the paroxysms are completed within its natural period of twenty-four hours, the local symptoms increase and abate with the increase and abatement of the paroxysm. To adopt the beautiful simile of Torti—"these wait upon the paroxysm, like the shadow upon the substance." So true is this, that in the vast majority of cases, when the paroxysm is broken up, the local affection subsides, without the necessity of addressing remedies to it—just what might reasonably be expected from observing its dependence upon the paroxysm.

That the local congestion or inflammation has no influence in determining the periodicity of remittent fever, will be manifest from the fact, that cases of mild remittent fever do sometimes run their whole course during seven or ten days, without any local phlegmasia or congestion greater than is found in simple intermittents; that such cases used to be treated in former years, among us at least, greatly to the comfort of patients, by small repeated doses of tartar emetic—a medicine by the common consent of the profession, proscribed wherever there is the remotest suspicion of the existence of gastritis; to which latter affection it has been so fashionable of late, to refer as the primitive irritation in remittent fever.

If the remittent fever be independent of local congestions or inflammations, the proper cases to select for illustrating its pathology are the *simplest cases*, those uncomplicated by any adventitious accidents.

The characters of simple remittent fever show it to be essentially an intermittent. The simultaneous occurrence of intermittents and remittents, in the same locality—nay, in different members of the same household, all under common circumstances of living and of exposure, proves satisfactorily their dependence upon one and the same common cause. The symptoms of the paroxysm of simple remittent and intermittent fevers are so similar, that the most penetrating observer cannot with confidence, determine, during the passage of a first paroxysm, whether the case will develop itself as an intermittent or remittent. Again, what more common than the change of type from intermittent to remittent and *vice versa*. And the appeal is fearlessly made to practitioners—Is it not common to meet with paroxysmal fever, beginning as intermittents, continuing as remittents, and ending fatally by the supervention of a paroxysm marked by symptoms of the utmost malignancy?

As in intermittents so in remittents, one of the most uniform symptoms is tenderness to pressure in some portion or portions of the spinal chord; and, further, the controlling influence of spinal disease over the symptoms manifested in the head and in the various abdominal viscera and over the muscular disorders, is illustrated by the efficacy of revulsives to the spinal column, in relieving all these distressing symptoms of the paroxysm.

The essential identity of intermittent and remittent fever is shown from another character of the latter form, alluded to by all practical writers, viz: its tendency to increase in the violence of its symptoms, on alternate days—at the tertian period. In fine, an inspection of the character of simple remittent fever shows no more difference between it and a quotidian intermittent, than between a quotidian and a tertian intermittent—a difference merely in the interval—that they are all essentially the same disease.

The conclusion to which the writer arrives as to the pathology of remittent fever in all its varieties, from the simplest to the most malignant, is, that remittent fever is an intermittent, rendered irregular by some complicating accident—that these complications, such as congestion and inflammation of one or more of the vital organs, so far from determining the remittency, tend to destroy it—that when produced by the paroxysm or by some peculiarity in the organs, they are increased by every succeeding paroxysm—that such is their dependence upon the paroxysm, that when this is checked these accidents

disappear, without requiring subsequent local treatment; and that the fundamental lesion upon which depends remittent fever, is in the nervous centres—the spinal marrow and the brain.

This view of the nature of remittent fever indicates the same grand object to be accomplished in the treatment of each of its varied forms, viz: to prevent the recurrence of the paroxysms and to moderate the violence of their symptoms when present. Thus, as intermittents, the treatment naturally is divided into two parts—the one appropriate to the remission, the other to the exacerbation. Now, if an enlightened experience will sustain the course of practice, which this pathology indicates, it will add confirmation to its truth. To this test at last, must every system of treatment admit itself; for the writer is ready to acknowledge, in the face of all that has been written against the empiric method, that the so-called rational method rests upon empiricism—that all we know of the operation of medicines and of remedial methods is the result only of experience.

1. *To prevent the return of the paroxysms.*—This distinct indication to be accomplished in the treatment of *remittent fever* of recent origin, contrasts strikingly with the objects set forth in almost every system of practice, with which the writer is acquainted. In the light of an experience of twelve years' faithful adherence to this object, it is lamentable to look back upon his own previous practice and that of the whole body of medical men, directed according to the teachings of the many popular "Practices of Physic," these founded manifestly upon the notion, that remittent fever once fairly commenced, cannot be arrested in its course—teaching that symptoms are to be palliated as they arise, the fever all the while being permitted to renew its paroxysms, with all their increasing and fatal concomitants. The writer, conscious that he will be doing a service to his brother practitioners, whose attention may not as yet have been directed to this important point, turns to some of the most popular and recent of these hand-books, to substantiate his declaration.

Look, e. g., at the objects proposed in the treatment, in Eberle's Practice—a work which has had so large a share in forming the opinions of medical men and shaping their practice: "In the treatment of this disease, there are three primary pathological conditions, according to which the general indications of remediate management must be directed, viz: 1. Functional derangement of the liver and alimentary canal. 2. Redundancy of morbid or vitiated secretions, and consequent irritation in the intestinal tube. 3. An irritated increased action of the heart and arteries. Hence, the principal indi-

cations in the treatment are : 1, to moderate the febrile reaction of the arterial system ; 2, to remove out of the alimentary canal, the vitiated and irritating secretions which may be lodged in it; 3, to restore the healthy functions of the alimentary canal ; and 4, to obviate gastro-intestinal irritation."—Among the methods of treatment not a word is said of an effort to arrest it.

In Dunglison's practice, the whole routine system of bleeding, purging, sweating, refrigerating, blistering, &c., is examined, but not a word as to the abortive treatment.

The writer turns to the treatment of remittent fever in a work published in 1847, by Dr. Clymer, whose aim has been, "to adapt it particularly to the necessities of the American Practitioner," and reads—"The indications of treatment in remittent fever do not materially differ from those of continued fever. The points more particularly to be attended to, are the reduction of the general fever, obviating the effects of congestion and inflammatory action in the liver," and other organs. In a note, we are informed, that the simple expectant plan, is the one, which has been generally of late recommended by the experienced? At the end of the note the indication is stated, in the Congestive fever, to prevent the recurrence of the paroxysm.

In Watson's Practice by Condie, remittent fever forms the subject of a note—in which it is announced that the most important question that presents itself in the treatment is the propriety of direct depletion by the lancet! And in Professor Dickson's Lectures, commended especially to the southern student and practitioner, there is the same minute remarks upon blood-letting, emetics, cathartics, calomel, cold, &c., &c., but not one word upon what must be regarded as the leading rational object—the checking of the paroxysm. Indeed upon this point, the necessary continuance of the disease when once formed is distinctly, though incidentally asserted. "Could we reasonably hope to prostrate the disease by a single blow, as is often done in the cure of phlegmasia, in pleurisy, &c., we might more implicitly trust to the lancet; *but the case is far otherwise.* Here the atmospheric and climatic predispositions are permanent, and the poisonous cause is still diffused around the patient, impressing the tissues with a continuous and UNAVOIDABLE agency. Success does not depend upon, nor can we hope or expect to attain it, by any single measure, however judicious and energetic."

In Professor Chapman's Syllabus, by Kennedy, published in 1846, quinine, the specific remedy for jugulating remittent fever, is classed among the *adjuvants* of the old routine system of practice.

And in Bell and Stokes' Practice, even in the latest edition,

although the efficacy of the quinine practice is fully shown—the early unconditional use of quinine plainly set forth and triumphantly vindicated, yet in the treatment of the milder forms of remittent, this cardinal object of checking the recurrence of the paroxysm is not even hinted at. The writer, however, in passing, would pay the tribute of his high respect to the author of the articles on paroxysmal fevers, in this work; and express his sense of the obligations of the profession and of society to that author, for the general diffusion of modes of treatment, so admirably calculated to check the mortality of that hitherto fatal and always dangerous disease, congestive intermittent and remittent fever.

But where the propriety of confining the use of quinine to congestive remittent fever?—where the propriety of allowing simple remittent to run its course unchecked, whilst we hold in our hands a remedy so safe, so gentle, so certain as the sulphate of quinine? If it has the power of arresting the paroxysms of *malignant* remittent, in which, on the remittent fever is superadded the disturbing influences of extensive congestions and local inflammations, surely it must be able to control and arrest the *simple* form; and if so, there can be no propriety in allowing it to run its course unchecked; for who, that has lived where remittents are endemic, does not know, that a malignant paroxysm often supervenes, after many paroxysms of a mild and simple character; and that this paroxysm is dangerous in proportion to the previous duration of the fever: and, further, that simple remittent often lapses off into the typhoid state, to the imminent danger of the patient. Why run the hazard of these dangers by allowing its continuance?

To prevent the recurrence of the paroxysms—to jugulate the disease.—An analysis of the symptoms points to this then, as the prominent object, in every stage and every degree of the disease, as long, at least, as it preserves a paroxysmal character. Whilst it generally happens, that opportunity is afforded for the use of depletion, by bloodletting and other evacuations, during the paroxysm, yet the pathology which teaches that the remittent fever is the main affection, forbids us to allow the first remission to pass without attempting to accomplish this primary indication, if evacuations may not have been previously employed. This object may be accomplished by the use of sulphate of quinine—universally acknowledged to be the specific of intermittent fever, indicated also, as the specific of remittent, by the fundamental similarity of these two affections, and known to be so, by all who have thus used it. The interval between the paroxysms being shorter than in the intermittent form, the doses must necessarily be larger, in order to administer the requisite quantity, before the period of the next accession—from five to ten grains,

hourly, according to the length of the remission, to the extent of fifteen, twenty, or fifty grains. For in determining the quantity, the rule laid down in the treatment of malignant intermittents, serves for a guide here, viz: the quantity to be directly proportioned to the degree of danger apprehended from the coming paroxysm; thus, in malignant remittents, the largest, and in simple remittents, the smallest quantity.

The writer must be content with stating the result of his own experience, in this mode of treatment: that generally it checks the first paroxysm, almost universally the second, in the milder forms of the disease—that the average time of attendance upon such cases is three or four days—that, when the quinine fails to arrest a coming paroxysm, it mitigates its violence, shortens its duration; and although in some rare cases, the nervous symptoms produced by the remedy, are distressing to the patient during the paroxysm, these are soon relieved by the treatment appropriate to this state—that he has almost forgotten the features of a typhoid state of fever, so painfully familiar to him, previous to the last twelve years, when using the treatment then generally taught by authority and sanctioned by the profession.

Of this result the writer would say—those who have not fairly tried this mode of practice, have no right to question the justness of his conclusion—those who have, he confidently believes, will confirm it.

The writer does not undervalue the minute estimation of the circumstances, under which bloodletting, emetics, cathartics, mercurials and other remedies, should and should not be used, which is to be found in all the works on Practice; yet he declares his conviction, that the practitioner, holding steadily to this prominent indication, will find little need of availing himself of such instruction—that in the great majority of cases of simple Intermittent fever, by the use, during the paroxysm of bloodletting or not, and of the safest and surest emetic, water, (cold or warm, according to circumstances,) ingested into the stomach in such liberal quantities as to produce detergent vomiting, and this followed by a large injection to evacuate the bowels, and sinapisms to the vertebral column; the comfort of the patient is better secured, than by the administration of much physic, until the time arrives for the administration of the specific. If, after the subduction of the fever, there remains the evidence of disease in the liver, stomach or bowels, then this may be corrected by appropriate remedies, more readily, more safely and effectually than during the fever. The writer would insist upon this subsequent treatment of any remaining disease, as a necessary part of this abortive treatment.

How totally different the treatment here recommended for

incipient remittent fever, from that in recently published books of Practice, may appear by the following quotation from Professor Dickson's issued as late as 1845:—"During the remission which the management above detailed as requisite throughout the course and progress of the exacerbation is intended to hasten, to render more perfect, and to prolong, you must not allow your attention to your patient to slacken. Nay, you are now called upon, perhaps, for a still nicer and more assiduous exertion of diligence and skill, as the improved circumstances often afford a better opportunity of useful interference. Purgatives, if formerly rejected, will now probably remain upon the stomach and act kindly. Diaphoretics, too are less apt to nauseate, and may be exhibited in fuller doses, and procure a more free and diffused sweating. It is thus that you may hope to diminish the violence of the returning exacerbation, if you cannot altogether prevent it. To subtract as much as possible from its intensity, time the administration of your prescriptions so as to bring your patient most completely under their effect, freely operated on by your purgative, fully sweated by your sudorific, just at the period of its expected invasion. Let his windows then be darkened, his apartment kept fresh and cool by ventilation, and, if necessary by evaporation, sprinkling his floor with water, vinegar, or ardent spirits, and prevent any excitement by noise or by conversation with him. It is advisable farther, to meet a coming exacerbation with revulsives so applied as to counteract or diminish the local determination to important organs." The writer declares his greater confidence in the silent operation of fifteen or twenty grains of quinine, during the remission, in the absence of the physician, than in the strictest *surveillance* of a whole college faculty, armed with their Cathartics, Sudorifics and Mustard-plasters.

The value of this treatment, if it be as successful as herein declared, will be the more highly appreciated, if we consider, at one view, the various terminations of remittent fever of the milder kind—that the most favorable is in convalescence at the end of a week or ten days, after the patient shall have undergone, not only all the anguish of fever, but in addition thereto, the annoyance of emetics, cathartics, nauseous sudorific draughts, ptyalism, perhaps flaying with vesicatories, and moreover, agitated, day after day, patients and friends, by the uncertainty of the final result—that another termination is the unexpected development of a malignant paroxysm, almost uniformly fatal, certainly so, with the continuance of the treatment which permitted it—that another is, the gradual loss of the remitting character and the establishment of the typhoid state, not as uniformly fatal, but imminently dangerous. The abortive treatment secures an early convalescence, saving the

patient many days of vexation from fever and physis, with his strength but little impaired by depletion—it secures him from the hazard of a malignant paroxysm—from the doubtful issue of the typhoid state—doubtful under any of the many modes of treatment; and it will never impose upon the physician the fearful alternative of allowing the disease to run its course towards a doubtful issue, or to adopt a heroic course of mercury, which may end in salivation—an artificial disease, infinitely more annoying and of longer duration than the one it may have substituted—which may at last end in the loss of the patient's teeth, or of his lips, or of his life. Fearful indeed is the choice of the latter alternative; and far better, that the profession should lay under the reproach of impotency to save human life, than the more terrible one of sacrificing it.

When it is remembered that remittent fever is the endemic disease of Southern climates, the necessary exposure of the population in the summer and autumn, and the universality of its attacks, and the high rates of its mortality, under every mode of treatment hitherto adopted, and if the success of the abortive method has been here truly represented; then it may not be deemed extravagant to say—that its universal adoption throughout the Southern country, would confer blessings, within that sphere, proportionate to those conferred upon the world by the discovery of vaccination. It is gratifying to know, that it is fast winning its way to universal adoption; and the claim to the honor of diffusing the knowledge of this treatment, in this region of the Southern country, set forth in behalf of the Medical College of Georgia, by Professor Dugar, in his recent introductory lecture, is unhesitatingly endorsed by the writer. Here, the principle of this method was distinctly and publicly announced, as early as 1836, and ever since, its alumni, fully indoctrinated in the principles of this method, scattered through this and the neighboring States, have freely used the influence, which their unprecedented success in the treatment of bilious fever, has secured to them, in extending the same principles far and wide among their brethren of the faculty. It wins its way readily to the willing and candid enquirer, and *compels* the assent of the reluctant.

2. *To moderate the violence of the paroxysm.*—If the congestions and inflammations manifested with increased violence during the paroxysms are accidents, they do yet materially affect the issue of the case, and must command attention. But it is not the intention of the writer, at present, to enlarge upon this part of the treatment, the circumstances under which the various means of the antiphlogistic method may or may not be used, having been so judiciously defined in the works on

Practice. It was his intention to have added cases, to show how fairly the principles of pathology and practice, here advocated, are deduced from facts; but circumstances forbid the extension of this article.

2. *Election of Medical Professors by Concours.*—Some two years ago we directed attention, by an article in this Journal, to the great good which would result to the profession of this country, and to Medical Colleges, by adopting the French mode of selecting Professors by *concours*—our views are yet unchanged.

We are right glad to see our friend of the Boston Med. and Surg. Journal, urging this mode of filling the vacant chair of anatomy in Harvard University. The following is what he says on the subject:

An important chair in the Medical College in Boston, is now well known to be vacant, by the resignation of Dr. Warren, who has sustained the professorship of Anatomy and Physiology, with distinguished ability and faithfulness, for an unusually long period. A query is running through the medical ranks in regard to his successor. Who is the man?—is the question. The opinion prevails generally, that he has been long ago selected, and that the influence of one or two will determine any medical appointment at the University, against any competitor who might be so presumptuous as to aspire to a place of such professional value. Whether this is true or not we cannot pretend to decide. It is certain, however, that the fortunate person who obtains the appointment, in the ordinary way in which elections are made at all the academical and medical institutions in New England, will have the reputation of having been elevated by strong friends behind the screen;—and however meritorious he may be as a man, he will be contrasted with many greatly his superiors, but who had no friends at court, and whose attainments, therefore, and peculiar qualifications for lecturing acceptably and instructively, without great pillars of family strength or wealth, must edge their way through life, and market their knowledge at retail, instead of shining in conspicuous departments of science, for which, both by nature and education, they are pre-eminently qualified. Were the corporation of the University to throw the doors wide open, and invite the whole profession to contend honorably for the prize by *concours*, what a glorious triumph it would be for intellect! How probable it is that the election would fall on some individual whose transcendent powers are either unknown or not

generally acknowledged by the public. And what an acquisition, too, would it be to a school, that should, in all coming ages, be the great and unrivalled medical focus of the Northern States.

It is quite unnecessary to particularize the character of the concours in France, or the effect the system has in developing the wonderful resources of the human mind. There is a prize to be gained worth contending for, when a professorship is there vacant. Men of comparative obscurity, having an opportunity to manifest their fitness for the duties, are permitted to exhibit their claims before a competent tribunal of judges, who are unswayed by those multiplied interests that are secretly made to bear upon a candidate's case, who silently glides into a fat postion, *a la New England*. There are said to be professorships in some medical schools in our country, where the endowment was made, provided the present incumbents were appointed to them. It was a regular piece of family economy, giving a relative a life annuity and college honors combined; in other words, without it, they would have been nothing in society, and even now, they are but make-weights or niche-fillers, like the baked monks of St. Bernard, for show in a faculty catalogue. Some persons ride through life on the shoulders of their friends, as Sindbad the Sailor did on the neck of the Old Man of the Sea, and look back upon the less fortunate of their fellow beings who are trudging on in the rear, indulging in feelings that are presumed to have agitated the benevolent Uncle Tobey, when he said to the fly, "go, poor devil, the world is large enough for thee and me." Being made, and making one's self, are very distinct affairs. History presents an unerring array of testimony to show that all the truly grand achievements in literature, science, and the arts, to say nothing of war, were accomplished by men who battled with adversity, and struggled against prejudices, but who at last triumphantly inscribed their own names on an imperishable tablet of universal fame.

No one conversant with the policy that usually actuates the managing spirits of institutions where profits or honor are at the disposal of a select board of gentlemen, supposes that the old scheme of suddenly making something out of nothing, will be readily abandoned. However disinterested some appointment may appear to the staring eyes of the spectator public, a large number of them, in the colleges of medicine in this country, have had their origin in an out-of-sight selfishness, difficult at all times to expose, but the trick is invariably detected in the sequel. We all have our favorites as well as relatives, and it is a weakness, perhaps, of humanity, that a sense of justice to the coming phalanxes of untaught students is lost sight of in the gratification of pushing a friend into a

spot where an indirect advantage will accrue to us from his position.

All the hard sayings, often unjust surmises, inuendoes, and expressions of regret, which a numerous, jealous, ambitious profession may be supposed to manifest when, in important appointments, merit is smothered in a napkin, and brass is gravely declared, by the *Senatus Academicus*, to be gold, would be entirely obviated by the simple generous establishment of the system of election by concours. If the American journals would heartily advocate this excellent test of the qualifications of candidates for professorships, in the medical schools of the United States, a change in the present mode might be ultimately effected; and then, but never till that important revolution transpires, will the great body of our medical teachers, lecturers and professors, vie in true greatness and brilliancy with those in the schools of France.

3. Mr. Burnett, who keeps the matico, has kindly handed us the copy of a letter from Dr. Ruschenberger, dated at the U. S. Naval Hospital, New York, February 4th, 1846, which fully explains the history and medical properties of this article.—*Boston Med. and Surg. Journ.*

The *matico*, *yuba del solado*, *Piper Angustifolium*, which has within two or three years past, attracted the attention of the medical profession in England, was first brought to the United States by myself in 1834. It is said to have been accidentally discovered in 1824, at the battle of Ayacucho, by a soldier who was severely wounded, and in his anxiety to staunch the flow of blood, he pulled the leaves growing within his reach, and applied them to the wound, and the bleeding instantly ceased. He communicated the discovery to his wounded companions, who found its application equally efficacious. In Peru and Bolivia it became well known as a styptic, and has been externally used in the treatment of ulcers, but, so far as I can learn, it has not been employed internally up to this time.

I have used it internally in tincture, two ounces to the pint prepared by displacement; in powder, in doses of a drachm mixed in a wine glass of water, repeated every two hours, in uterine hæmorrhage; and in cold infusions (by displacement) half an ounce to the pint. It exerts a remarkably beneficial influence in menorrhagia, hæmatemesis, hæmoptycis, leucorrhœa, catarrhus vesicæ, and irritable bladder. It does not offend the stomach when given in powder or infusion (dose, a wine-glassfull); in tincture, in drachm doses, is not complained of, but when carried to a half ounce I have seen it produce nausea. I have seen it arrest bleeding instantly from small arteries, even while the blood flowed in jets, and after lint,

pressure, &c., had totally failed. To arrest the bleeding from leech-bites and the troublesome hæmorrhage which sometimes follows the extraction of a tooth, I think it will be found a very certain remedy. When used to arrest bleeding it should be in coarse powder and moistened with cold water. A strong tincture, four ounces to the pint, might possibly answer. The taste is not unpleasant.

This is a hasty outline of my experience, which is confirmed by that of Dr. Munro, of Dundee; Dr. Jeffreys, of Liverpool; and Dr. Hunter Lane, of Lancaster, as you may see by reference to the eighth part of Brathwaite's *Retrospect of Practical Medicine and Surgery* (1844, New York) page 37. You will find a notice of the article in the second American edition of Pereira's *Materia Medica*, edited by Professor Carson, vol. 2, page 222.

There is, I believe, no matico in the United States on sale at this time, although the Medical Journals contain occasional notices of its employment in England. I am fully persuaded that its virtues are such as to warrant me in recommending it to the profession for examination and trial. A part of what I have recently received I have forwarded to you.

There are two varieties of matico known; one is the matico hoja redonda (round leaved matico); and the other matico hoja puntiaguda (pointed leaved). The latter is considered the best, and is the kind sent to you.

Specimens of matico have been presented by me to several medical friends in Philadelphia.

4. *Remarkable Case of Protracted Lactation.* Mrs. P., aged 39 years October 28th, 1846, never had a sick day since her marriage December 9th, 1826, except the usual sickness consequent on parturition. During this period she has given birth to eight children, all of whom are now living and in perfect health. The order of their births is as follows:—Sept. 5th, 1827, female; Sept. 5th, 1829, female, March 28th, 1832; female; April 1st, 1834, female; November 11th, 1837, female; April 3d, 1841, male; April 17th, 1844, male; November 3d, 1846, female. Mrs. P.'s only brother and sister lived to adult age and both died of *tubercular phthisis*. Both parents also died of the same disease. She was married young, and at the time considered a remarkably slender girl, being subject to cough upon the slightest exposure. She has been constantly nursing for a period of nearly twenty years—never weaning one child till the birth of another compelled her to, for the convenience of the infant. More than once, when *in labor*, I have seen her child of the last birth at the breast.

From a solitary case of this kind, I would not draw a single inference; but should some of your numerous correspondents

from the abundance of their experience, contribute for the Journal similar cases with a like favorable result, might we not infer, contrary to the generally received opinions of medical men, that protracted lactation, especially during pregnancy, possesses a prophylactic power, even when there exists a well-marked hereditary predisposition to pulmonary disease?—I. P. Smith, M. D., in *Ibid*,

5. *Dislocation reduced by the aid of the ethereal inhalation, with other notices.*—James Murphy, a laboring man, aged 56, presented himself at the Hospital of the House of Correction on the 9th inst., having his left humerus dislocated into the axilla. The patient stated that the accident occurred five weeks ago, and that it was then seen by a physician of high respectability, who (no doubt by reason of the presence of inflammation and tumefaction) did not detect the true condition of the limb. The nature of the case was evident at the time of his coming here. This shoulder was less in size than the other, as was the whole arm for want of use. The elbow projected very considerably from the body, nor could the arm be rotated. The fingers were numb. The head of the bone could be distinctly felt in the axilla.

The operation for reduction was commenced by placing the patient on a bed. He then began to inspire through the ethereal inhaler. At this moment I observed that his knees were raised, and that there was much resistance of the muscles of the arm when slightly moved. I then, removing my boot, and sitting at his side, placed my heel in the axilla, and waited till the ether should have its expected effect. This occurred in about three minutes. His knees then relaxed and straightened, and as I gradually and firmly (with the assistance of a student) extended the arm and carried it a little further from the body, the head of the bone slipped into the socket. My own part in the operation was performed in less than two minutes. In a moment after the patient awoke from his lethargy, entirely unconscious of what had taken place.

On the afternoon of the same day I amputated the thumb of an old sailor while under the influence of the ethereal gas. He was totally unconscious of the operation, and said, when he awoke, that he had been dreaming that he was on board of a man of war in South America, walking the deck and chatting pleasantly with a shipmate.

A few weeks ago I amputated the leg of one man and the foot of another, while attempts were being made to render them insensible to pain by means of this same agent. But from want of docility in the patients, or from fear, or some other unaccountable influence, they failed to be affected by the gas to the desired extent. A very considerable mitigation

of pain was, however, experienced by them, according to their own language.—C. H. Stedman, M. D., in *Ibid.*

6. *Case of Doubtful Sex.*—In March, 1843, I was requested to examine the case of Levi Suydam, aged 23 years, a native of Salisbury, Conn. At the exciting and warmly contested election of the spring of this year, almost everything bearing the semblance of the human form, of the male sex, was brought to the ballot-box. It was at this time, and under these circumstances, that the above mentioned person was presented, by the whigs of Salisbury, to the board of selectmen, to be made a freeman; he was challenged by the opposite party on the 'ground that he was more a female than a male, and that, in his physical organization, he partook of both sexes.

The following was the result of the first examination. On exposing his person, I found the mons veneris covered in the usual way, an imperforate penis, subject to erections, and about two inches and a half in length, with corresponding dimensions, the dorsum of the penis connected by cuticle and cellular membrane to the pubis, leaving about one inch and a half free, or not bound up, and towards the pubic region. This penis has a well formed glans with a depression in the usual place of the meatus urinarius, a well defined prepuce, with frænum, &c. The scrotum was not fully developed, inasmuch as it was but half the usual size, and not pendulous. In the scrotum, and on the right side of the penis, one testicle, of the size of a common filbert, with spermatic cord attached. In the perineum, at the root of the corpora cavernosa, an opening through which micturition was performed, this opening was large enough to admit the introduction of an ordinary sized catheter. Having found a penis, and one testicle, though imperfectly developed, and without further examination, I gave it as my opinion, that the person in question was a male citizen, and consequently entitled to all the privileges of a freeman.

On the morning of the first Monday in April (election day) I was informed that Dr. Ticknor would oppose Suydam's admission. Suydam came forward, Dr. Ticknor objected. I then stated to the meeting, that from an examination I had made I pronounced the person in question to be a male, and requested that Dr. Ticknor, might, with the consent of Suydam, retire into an adjoining room, and examine for himself. This was done, when Dr. Ticknor stated to the meeting that he was convinced that Suydam was a male. Suydam was admitted a freeman—voted—and the whig ticket carried by one majority!

A few days after the election, it was told me that Suydam

had regular catamenia. I then commenced further investigations, and learned from Mrs. Ayres, the sister of Suydam, that she had washed for him for years, and that he menstruated as regularly, but not as profusely, as most women. I next saw Suydam who very unwillingly confessed that such was the fact. I then requested him to meet Dr. Ticknor and myself the next day at my office; when the following additional particulars were elicited. Said Suydam is five feet two inches in height, light colored hair, fair complexion, with a beardless chin, and decidedly of a sanguineous temperament, narrow shoulders and broad hips, in short, every way of a feminine figure. Well developed mammæ with nipples and areola. On passing a female catheter into the opening through which micturition was performed, and through which he again stated he had a monthly, periodical, bloody discharge, instead of traversing a canal and drawing off urine, the catheter appeared to enter, immediately, a passage similar to the vagina, three or four inches in depth, and in which there was considerable play of the instrument. He stated that he had amorous desires, and that, at such times, his inclination was for the male sex; his feminine propensities, such as a fondness for gay colors, for pieces of calico, comparing them and placing them together, and an aversion for bodily labor, and an inability to perform the same, were remarked by many.

I further learned from an old lady who was present at the birth of Suydam, that, on the second day after his birth, Dr. Delamater, who attended as accoucheur, made, with an instrument, the opening through which he has since performed micturition.—Wm. James Barry, M. D., in *N. Y. Jour. of Med.*

7. *Treatment of Sprains.*—The means which Dr. Poullain and the above authorities recommend, in lieu of leeching and cataplasms, is the immediate and continual application of cold by immersing the part in water. The cure is not only prompt but complete, inasmuch as there is no remaining engorgement to lay the foundation of future mischief, and the patient is enabled to employ the joint as actively as heretofore. This would be a great point gained even if the time consumed in the treatment were as great in the one plan as in the other, which it is not. Many cases of its success are related in the paper, and although, of course, in the great majority of instances, the ankle is the joint affected, sprains of other joints may be treated in just the same manner, except that in those, such as the knee, in which immersion may be difficult the application of wet compresses or irrigation may be substituted. The treatment, indeed, is not novel, for it was recommended by Boyer, and more recently by M. Begin.

“Of 90 patients whom I have treated by the aid of cold

and resolvents, 23 were cured in 6 days, 10 in 8 days, 22 in 11 days, 28 in from 11 to 15 days, 4 in from 20 to 25 days, and three at the end of a month. None of these persons have continued lame. Seven felt the effects of their accident for several months, without, however, being prevented from attending to their duties, and becoming quite cured. * *

* * * If this mode of treatment has incurred blame at the hands of some surgeons, it is because it has not been sufficiently, promptly and freely employed, and it is therefore necessary to lay down some rules upon this point.

"The immersion should be resorted to as soon after the accident as possible. Recourse may be had to it also three, four, five, six, or even twelve hours after, but then its sedative effect is less prompt and the cure more tedious. The foot should remain at least *two hours* in the bath, and oftentimes much longer. It may sometimes be left in for entire days; and as a general rule the part should not be removed until it becomes completely cooled, the water being renewed as often as it becomes warm. This prolongation is easily obtained, for, after the first hour or so (during which the pain is sometimes almost insupportable), the immersion becomes bearable and the patient himself very desirable for its continuance. Iced water does not possess any superior efficacy to that of a temperature of 37° or 39° , provided this be equally maintained. As soon as the limb is removed from the bath it must be surrounded by a roller previously moistened with Goulard water or camphorated spirits, some of which must afterwards be applied to it from time to time. So effectually are congestion and swelling in this way diminished, that the bandage usually becomes loose within the twenty-four hours. It must be re-applied until all swelling and pain have disappeared, which is generally the case in from three to six days. The patient may now be allowed to walk, continuing, however, the use of a bandage for ten or twelve days.

"If fourteen, or even six or twelve hours, after the application of the wet bandage, pain still continues, or throbbing is felt by the patient, it must be taken off, and the limb again immersed in the water for a longer period than at first, even for a whole day, if requisite. The second immersion is sometimes unsuccessful, but fortunately it is very rarely required, as the first almost always suffices.

"If the sprain is several days old, the limb swollen and painful, while nothing has been done for it, a free local bleeding is a necessary preliminary, after which the bandage and cold lotions, or perhaps immersion itself, should at once be resorted to. These means are, however, now of far less service than when employed soon after the occurrence of the accident."

When the sprain has been badly treated, the joint may become the seat of a chronic enlargement, which is dissipated with difficulty, and only after the persevering use of compression. MM. Begin and Velpeau, indeed, employ this in the earliest stage of sprain as a powerful means of preventing inflammatory swelling. Dr. Poullain employs to this end a starched many-tailed bandage. Whatever means are used the case is tedious and may also require the aid of stimulating liniments, or of the douche as employed at the mineral springs and even this does not dissipate the enlargement.—*Rev. of Poullain, in the Brit. and F. Rev., in Ibid.*

8. *A New Instrument, Designed to Remedy the Imperfections of Speech Consequent upon congenital Fissure of the Soft Palate.*—By C. H. STEARNS, Esq., Surgeon.

As the readers of the *Lancet* are doubtless well acquainted with the means, both surgical and mechanical, which have hitherto been employed in cases of fissure of the palate, with the hope of improving the articulation, no review of the subject is here deemed necessary. A near relation of the writer of this communication had twice undergone the operation of staphyloraphy, and had also submitted himself several times to the hands of dentists, who professed to be able to close up the fissure by the adaptation of mechanical contrivances. These measures not being attended with the slightest benefit, the writer was induced himself to attempt something for his relief; and at length conceived the plan of an instrument, which from its proposed shape, position, and mobility, seemed likely to perform, to some extent at least, the functions of the natural *velum palati*, or soft palate. After a length of time, a piece of mechanism was produced, the application of which has been attended with satisfactory results. As it is probable that something of the kind may prove equally useful in other cases, a brief description of the affair is here offered.

A gold plate is first fitted to the roof of the mouth, in the manner practiced by dentists, which is to serve as the foundation or support of the mechanism intended to supply the want of the natural soft palate. To the upper and posterior margin of this plate, a flat spiral spring is attached, which, with the delicate and permanent elasticity peculiar to that kind of spring, admits of easy and constant vibrations backwards and forwards. To the other and posterior extremity of this spring, an artificial *flexible velum* is attached. This part of the instrument is constructed of Mr. Goodyear's preparation of caoutchouc, which, having the property to resist the action of both oils and acids, and at the same time sustaining a high degree of heat, has proved well adapted to the purpose. In attempting to

describe the artificial velum, we must, for the want of better terms at present, designate its principal parts as its *body and wings*. The body of the velum consists of the lamina of the caoutchouc, of a somewhat triangular form, and of the same size and shape as the vacant space is intended to occupy, that being the plane which would be indicated by imaginary lines connecting the opposite side or columns, and subtending the vertical angle of the fissure, at which point the velum is connected to the posterior extremity of the spiral spring. This lamina, constituting the body of the velum, is divided into three pieces which overlap each other. The wings projected obliquely forwards and outwards from each lateral margin of the body, and being made to conform to the shape of the columns or sides of the fissure, are seen to rest upon their inner and anterior surfaces, thus covering a portion of the soft parts which constitute the boundaries of the posterior fauces. In like manner, along each lateral margin of the body, there is (in mechanical phrase) a flange, projecting obliquely backwards and outwards, and extending along down the posterior surface of the column, it terminates at the inferior angle of the velum. In this way the wing and the flange, on the same side, together form a groove fitted to receive the fleshy sides of the fissure. As the preparation of caoutchouc made use of presents a smooth surface, and yields readily to the slightest pressure, it is found to permit the contact and muscular motion of the surrounding soft parts, without causing any irritation. When, therefore, the sides of the fissure tend to approximate, as in deglutition, gargling the throat, or the utterance of some of the short vowel sounds, the three parts of the velum slide readily by each other, thus diminishing the extent of the exposed surface, and thereby imitating, to some extent, muscular contractile action, the force being derived from without, and not, of course, contained within the instrument. During the effort made in speaking, the surrounding muscular parts embrace and close upon the artificial velum, and press it back against the concave surface of the pharynx. The passage to the nares being therefore temporarily closed, the occlusion of sound is accomplished, and articulation made attainable, as the voice or sound, as it issues from the glottis, is thereby directed into the cavity of the fauces, and confined there long enough to receive the impressions made upon it by the tongue, lips, &c., in the formation of consonant letters.

The foregoing description may not be thought sufficiently specific; but some considerations preclude, at the present time, a more detailed account, which, to be intelligible, would require the aid of figures to illustrate the mechanism of the instrument. Even that might fail to satisfy one much inte-

rested in the subject, without an opportunity being offered of witnessing actual results derived from its application.

Though the instrument, after having been adapted in the way above described, was found materially to improve the speech, yet it was still considered defective, and not admitting of general application, until other important requisites had also been attained; for it was necessary to make it so yielding as not to irritate the sensitive and restless parts with which it must come in contact; so that it might at all times be retained in place without inconvenience, while eating, drinking, or during sleep. At the same time it was required to possess a degree of strength and firmness sufficient to sustain the force of any sudden shock, as in coughing, sneezing, or laughing, without the risk of being displaced, or in any way deranged. Durability of the substance composing the velum was also regarded as a point of the first importance to ensure its usefulness. The material made use of, as prepared by Mr. Goodyear, and managed according to his instructions, was found (after some practice in the manipulation necessary to bring it to the shape required), to resist the combined action of all the decomposing agents to which it must become subjected—viz.: motion, animal heat, the moisture and acids of the mouth, and the oils of the food. The means afterwards devised to keep it in order, freeing it from deposits, and thus preventing fetor, consist in the occasional use of some alkaline or aromatic preparation.

Any one who has had an opportunity of seeing many cases of congenital fissure of the palate, must have observed that they present considerable diversity in their anatomical features. To meet the peculiarities of each case, therefore, renders a corresponding modification of the metallic part of the instrument necessary; but the same method of constructing the artificial velum is applicable to all the varieties the writer has yet met with. In those cases where, as in persons with hare-lip, the fissure extends quite through the palatine and superior maxillary bones; the gold plate employed to sustain the velum will of course complete the defective part of the roof of the mouth.

We would now willingly add some account of the elocutionary practice and discipline resorted to, in order to obtain the full benefit of the instrument after its adaptation; but this may well be deferred to a future paper; more space having already been occupied than was at first intended—the purpose of this communication is indeed merely to announce what had thus far been accomplished.

2 *Vernon-place, Bloomsbury, June, 1845.*

NOTE.—We are happy to give publicity to Mr. Stearns' very ingenious invention, which we really believe calculated to relieve a most distressing infirmity.

We have seen the instrument applied in a well-marked case of congenital fissure of the velum palati, and found Mr. Stearns' promises fully substantiated. The articulation, previously very imperfect, at once became so natural that a person not acquainted with the patient would scarcely have imagined there was any defect whatever in the organs of speech.—ED. LANCET.—Lond. Lancet in *Amer Jour. of Dent. Sci.*

9. "*Arseniate of Quinia*.—This salt, first prepared by M. Bourières, has latterly been much used in France in the treatment of obstinate intermittents, and it is stated with much success; the chief obstacle to its more general employment being, according to Dr. Boudin, its extreme bitterness. It is readily prepared as follows: Dissolve half an ounce of sulphate of quinia in boiling water, and precipitate with ammonia; wash and dry the precipitate, and dissolve it with the aid of heat in three ounces of distilled water, containing two scruples of arsenious acid in solution; as the solution cools crystals of arseniate of quinia are deposited, which are to be dissolved in distilled water and recrystallized. It is a light, white salt, crystalized in brilliant, satiny needles. It is soluble in water, but more so in boiling than in cold water; it is also soluble in weak alcohol or in ether. The dose of it is from one to two grains in divided doses in the course of twenty-four hours. It is usually given in solution in distilled water, to which a little simple syrup may be added."—*Med. Exam.*, Oct., 1846.

10. *Address to the Graduates of Geneva Medical College, delivered January 26th, 1847.* By CHARLES ALFRED LEE, A. M., M. D., Professor of General pathology and Materia Medica in Geneva Medical College, etc., etc. Published by request of the Graduates.

This is an able address, and admirably suited to the occasion on which it was delivered. The valedictory address of a professor to his pupils, is almost necessarily monitory in its character. It is like the parting words of a parent to his son, pointing to his moral responsibilities and the great ethical rules by which he should be governed, and hence we rarely look for anything original, argumentative or ingenious; but it is something to express ordinary truths in language befitting the occasion, and calculated to win the attention, engage the affections, and persuade the judgment of the hearers. In these respects Dr. Lee has certainly been successful. We have room for only one or two extracts, which we select, not for any novelty in either the subjects or the sentiments, but for their importance and truthfulness.—*Ibid.*

"For some time after commencing your professional life, you will probably have some leisure on your hands, which

you can turn to profitable account by devoting it to study. Be not discouraged at the want of speedy success; your merits will eventually be known, and you will be rewarded accordingly. Justice will sooner or later be done you, and if you aim at eminence, and your efforts are well directed, you will attain it. Aim first at the establishment of character and reputation, with the full assurance that all desirable consequences will follow in their train. Turn not aside into any of the devious, albeit fashionable, paths of quackery so rife at the present day, by whatever specious name they may be known; sacrifice not your prospects and your good name by becoming the adherents of any partial and exclusive systems of medicine, for you may rest assured that they will all speedily disappear 'like the baseless fabric of a vision.' Be little not your honorable title of *PHYSICIAN* by prefixing to it any distinctive or diminutive epithet, be it Thomsonian, Homœopathic, or Hydropathic; for why should you do this? Is not he who stands upon the broad platform of catholic medicine more likely to be better armed for attacking disease, than he who occupies some insignificant redoubt, or petty loop-hole? Is there any want of freedom of opinion in our profession? Is not every one at liberty to construct his own articles of faith, drawing from every system whatever portion of truth it may contain, and shape his practice accordingly? Medicine is not, as many seem to suppose, a system of rules and doctrines handed down from teacher to pupil, admitting no change, a set of formulæ which you are bound to sustain, and from which it were heresy to swerve; but it is a progressive and constantly improving science, and every true and sincere votary of it will employ *all* the remedies, means, and resources within his reach, which accident or science has discovered, and observation and experiment verified. Away, then, with your partial systems which inevitably and professedly limit these means, and virtually nullify these resources. There is, indeed, gentlemen, a sad relaxation of principle at the present day, even in some who are regarded as among the most distinguished members of the profession, as manifested by their patronage and recommendation of patented and secret remedies; a course of conduct which is obviously incompatible with every sentiment of moral duty, and every principle of sound medical ethics. To keep from the world any discovery calculated to benefit mankind, as connected with the preservation of human health, or its restoration when lost, is such a derilection of duty, as to have met with the reprobation of the wise and good in every age of the world; and when this is done, as it generally is, for the sake of pecuniary emolument, the mind instinctively revolts at it, as an exhibition of selfishness and insensibility to human suf-

fering disgraceful to our natures, and derogatory to the character of those who belong to a profession, whose foundation is philanthropy, and whose crowning glory is benevolence. Give not, then, the slightest encouragement to remedies of this description, or their inventors; frown indignantly upon all attempts to render our glorious art a mercenary trade; disgrace not your *Alma Mater* and your own reputation, by countenancing, in the slightest degree, any unworthy proceedings of this kind, for, by so doing, you will justly forfeit all title to respect, and take rank with the Brandreths and Moffats of the day. The time is not distant when such a deep stain of disgrace must inevitably attach to patentees and proprietors of secret remedies in our profession, that neither the waters of Lethe will be able to obliterate nor the exhibition of 'Letheon' to bury in oblivion.

"Should any of you, then, hereafter discover a remedy calculated to benefit the world, publish it upon the house-top—imitate the goodness of Providence, and make it free as the air we breathe; for the consciousness of having done a good deed for humanity, the gratitude of an intelligent community, and the praises of a liberal profession, shall prove a most satisfactory reward.

"There is one duty which you owe to yourselves, to the sick who may be entrusted to your charge, and to society, by whose favor and confidence you are to be sustained, and this is—to shun the use of intoxicating drinks. I urge this upon you, Graduates of Geneva College, by every consideration of duty, of honor, of interest, and of philanthropy; I charge you as you value reputation, usefulness, success, and an approving conscience, ever adhere to the strictest rules of temperance. You owe this to those who have sustained you thus far, and furnished you with the means of obtaining a medical education; you owe it to your teachers who have labored to instruct you in the various branches of your art, and who feel an anxious desire for your prosperity; you owe it to the beloved *Alma Mater*, who sends you forth with pride this day, to carry health, and virtue, and gladness to those who come within your influence; you owe it to the profession whose bright escutcheon must never be soiled by your example; you owe it to society in whose ranks you are now to be enrolled, we trust among its most valued and respected members; you owe it to your hopes of usefulness here, and of happiness hereafter; you owe it to a reformed and enlightened public opinion; and, lastly, you owe it to your God. As you go forth, then, upon the serious errand of your lives—an errand requiring the keen eye, the cool head, the steady hand, the sound judgment—take this, my solemn and affectionate warning, along with you; carry it into the social circle and the

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recesses of private life; take it into the hospitable mansions of the rich and the lowly dwellings of the poor; remember it in the hour of temptation and trial; heed it when the syren voice of pleasure beckons you along her flowery paths; so shall your lives flow equitably along; your cup of happiness be filled; your days crowned with usefulness, and your names with honor."

10. *Elongation of the Cervix Uteri*.—Prof. Gilman, amongst other interesting obstetrical cases, reported in the *Annalist*, gives the following:

Case 1.—I was requested by Dr. Barker to see a puerperal patient with him. Found Mrs. B., on the sixth day after her confinement, much exhausted and suffering from various nervous symptoms. She had effusion of serum into the peritoneum, and the legs were considerably enlarged by œdema: on examination per vaginam, the os uteri was found just within the labia. On passing the finger up into the posterior "*cul de sac*," it appeared to be from four to five inches long; and in feeling forward, the cervix was made out, elongated and cylindrical, about an inch and a half in diameter, rather larger above, though the difference was not great. The os was circular—the size of a shilling; the division into anterior and posterior lip was less distinct than I ever remembered to have found it in a recently delivered woman.

Dr. Barker informed me that the neck had once or twice protruded from the vulva, on the patient making some effort, straining or the like. Under treatment directed to her other symptoms, the patient recovered.

Case 2.—January 17. Saw in consultation with Dr. P. O'Reilly, Mrs. S., aged 27, married three years—never pregnant. She had suffered for some time with pain and tenderness in the hypogastric region, which on examination, was believed to depend on irritation of the bladder. The particulars of this diagnosis, not being to the present purpose, I will not detail: suffice it to say, that on making a vaginal examination, the cervix uteri was found to project into the vagina about two inches. It was small and quite pointed, the os round and of a size scarcely to admit a common probe. Contrary to what might have been expected, this female, though she menstruated sparingly, suffered but little at her turns—certainly not to a degree that would make hers a case of dysmenorrhœa.

Remarks.—Elongation of the cervix uteri is rare—that of one lip is exceedingly so. In the hasty and imperfect reference to authorities which I have been able to make, I find no distinct notice of the disease as effecting one lip, except in an extract from Leroux, inserted in "*Boivin and Dugès on the Uterus*."

He speaks of it as occurring to some women during pregnancy, but disappearing on the approach of labor. Elongation of the whole cervix is more common. Segard reports a case, where the elongated cervix was mistaken for a polypus, a ligature applied, a fatal peritonitis and death were the results. Bichat (*Anat. Descrip.*, Vol. V., p. 282) speaks of having found the cervix elongated in several bodies examined post mortem.—He also details a case from Buisson, where the elongated cervix was mistaken for prolapsus, and a pessary used! A degree of the elongation noticed in the case of Mrs. S. is familiar to obstetricians, and, together with the pointed shape and the small size of the os, is noticed by Churchill and others as a frequent concomitant of dysmenorrhœa.

The opinion of Mackintosh, that a stricture or obliteration of the os was the frequent cause of dismenorrhœa, and that removing the stricture would often cure the disease, has never made a strong impression on the minds of the profession. That the theory is well founded, and the practice in very many cases valuable, I have long believed; and I now repeat the opinion, elsewhere expressed, that in every case of dysmenorrhœa of great severity occurring in a married woman, especially if accompanied—as it so frequently is—by barrenness, a careful vaginal examination should be made, and if the os uteri be found small, (too small, for example, to admit a moderate sized female catheter,) careful attempts made to dilate it. This practice will, I know from an experience of now many years, be followed by a cure of the dysmenorrhœa, and, what is often to the patient more acceptable; a removal of the dreaded reproach of sterility.

The closing paragraph is worthy the particular attention of the profession. But what immorality would there be in this practice in cases of unmarried women, as intimated in a note?

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11.—*Clinique of the College of Physicians and Surgeons.*—
Prof. PARKER.—Monday, February 1st, 1847.

Case 2d.—This man, 53 years old, has the aspect of one laboring under some constitutional difficulty; he has had a bad cough, which commenced about six years ago, in the fall. Now, Bronchitis usually comes on at this season, and remains till summer, but not unfrequently, continues in a chronic form for years. You will often meet with persons, who in the fall of every year will have an attack of this disease, and only recover when warm weather sets in. Such persons would be benefitted by going to a warm climate, where the temperature is agreeable; for it is not our excess of cold or warm weather

that produces these difficulties, but it is the sudden change from one to the other that is so extremely prejudicial. The warm weather does not last long enough to restore the parts to a condition capable of resisting the influence of cold. He says he has no appetite, and that a fit of coughing often causes him to vomit: here we see the sympathy between the Lungs and the Stomach; the introduction of food into the Stomach irritates it; this irritation is transmitted to the Lungs by the Par Vagus, and coughing induced, which by mechanically irritating the Stomach, causes an evacuation of its contents; you will observe the same thing in Pertussis.

He complains of rheumatism: this generally attacks persons who have abused their digestive organs by excesses—especially intemperate people; cider, wine, and liquors, are supposed to have a specific influence in developing the complaint; but, as he has been a temperate man, we must refer it to some other cause. In my own opinion, rheumatism is not a local, but a constitutional affection; and in the treatment of it, I have obtained the happiest results, from simply attending to the digestive organs; bleeding has been highly extolled, but I think it valuable only as an adjuvant. The pain in this case is chiefly in the joints, which indicates it to be the Arthritic, and serves to distinguish it from the Syphilitic form, which attacks the shafts of the bones.

On pressing his right side, he complains of pain, but neither percussion nor Auscultation indicates any trouble in his Lungs or Pleura; if there be any, it is rather on the left than the right; the pain, I suspect, is merely rheumatic, and in the Pectoral muscle. From all these symptoms, I am inclined to think it a case of Chronic Bronchitis, and would advise him to keep in his room, in which an even temperature should be maintained, and to attend to his digestive organs, by taking small doses of Cicuta and Blue Pill; and if his Stomach will bear it, the Balsam of Copaiva, which has a very beneficial influence on mucous membranes. If the irritation is very great, he would be benefitted by the Hydrocyanic Acid; these, with friction on the chest, will, I think be of much benefit to him.

Case 3d.—Struma.—A little girl, 10 years old, with an indurated gland on the neck, which was pronounced a true Scrofulous affection; it had inflamed, enlarged, softened, and finally become hard.

A poultice was ordered to be applied every night.

Case 4th.—Struma.—A man with Scrofulous disease in the bones of the little finger of the left hand; its removal was advised, consented to, and performed at the metacarpo-phalangeal articulation. The only difficulty to be encountered in this operation—the Professor remarked—was the lateral ligaments,

which, to one who has not the anatomy of the parts in his mind, would prove very troublesome.

Case 5.—Nævus Maternus—situated just above the left eye—which has been treated twice with hot needles, and thereby much reduced; was quite soft at first, but now hard; this hardness will soon disappear. The Professor remarked, that from its situation, there was danger in the introduction of needles, of wounding the Supra-Orbital nerve, which if done, would be likely to produce Amaurosis.

12. *The Patent Letheon—Jackson and Morton's Specification.*

[Communicated for the Boston Med. and Surg. Jour.]

It has been repeatedly said that Dr. Jackson is not concerned in the patent for the Letheon; that Mr. Morton alone has taken out the letters patent, and that whatever interest Dr. J. may have in it, arises out of some private contract between them. But it now appears that Dr. J. is really one of the proprietors—that the patent is issued in favor of Morton and Jackson conjointly.

The question has been asked, probably by every member of the profession, "what is patented?" I put the question, the other day, to a gentleman in Boston, who ought to know, and he replied, "The inhalation of the letheon by means of a valvular apparatus." This answer is far from satisfactory, for the same effect may be produced by inhalation of the vapor, without any valvular apparatus at all. If the "apparatus" be an essential part of the patent, the use of a different apparatus would enable any one to evade the penalty of the law. Have they patented the production of insensibility to pain by the inhalation of etheric vapor? No. A physician may administer the vapor, and produce insensibility to pain with or without the valvular apparatus, without infringing upon the patent. He may administer it for the headache, the heartache, or the bellyache, for tic-douloureux, asthma, or hysterics, and the patent will not reach him. Indeed, I am not quite sure that the patent will reach him if he uses the vapor in reducing dislocation or hernia, or in any operation in which "the knife or other instrument of operation of a surgeon" is not used.

What, then, is the precise thing patented? I answer, the combining with surgical operations, the application of ether, or the vapor thereof. This is the whole thing. The use of it in the practice of medicine, by inhalation, is not patented, nor in surgery even, except when connected with operations. They claim the right to use an old and well-known remedy to produce a given result, in the treatment of certain cases. The principle, then, is, that a member of the profession, if he discover that a certain effect may be produced by any remedy or agent

in common use, when used in a specified manner, in a certain case or class of cases, which had not (to his knowledge) been previously produced by said remedy or agent, he may secure to himself, by patent, the use of said article for producing this specified effect. For instance, should I discover that tinct. digitalis would cure Dixon Lewis, and others similarly affected, of excessive obesity, as it probably would, I might patent the use of tinct. dig. in such cases. If I discover that hydriod. potassæ, applied in a particular way, will cure dry scab or scurfy eruptions of the skin and scalp, may patent this particular use of it, in this class of cases, and require my brethren to pay me a stipulated sum, or a certain per cent. of the fees they may receive, for the right to use it in such cases. Should I discover that tinct. cayenne pepper and tinct. opii, combined in certain proportions, will cure the cholera, I may claim the sole right to use them in cases of cholera, however many persons may be dying around me for the want of them. If some *Yankee* were now in Bagdad, with a few gallons of these tinctures, with their use secured to him by a patent, would not he coin money?

The use of a known remedy to produce a particular effect in any given branch of professional practice, or in the treatment of a given class of cases, is the principle involved. This, so far as I can discover, from a careful examination of the specification, is the exact principle implied in it. As to the recititude of this principle, professionally, socially, or morally, I say nothing. Each one can judge for himself. I believe the illustrations I have used above are correct and appropriate—that is, if surgery and the practice of medicine are parts of one and the same profession. If surgery is a mere mechanical operation, and is to take its place in the same category as other operations in mechanics, then the case is altered. Success in the mechanic arts depends, not only upon the skill with which their processes are accomplished, but often upon their processes themselves, and when a man invents a process by which the same result can be accomplished better than before, he is permitted by common consent, to enjoy the benefit of his invention for a limited time. If surgery puts in the same claim for its inventions, let it be divorced from the liberal professions—from the “humanities,” and hang out before its office doors, as in the days of Ben Jonson, a staff wound with a red tape, as a *sign* that “surgery is done here.” We all know the origin of the barber’s pole; and, Mr. Editor, there is a more close connection between surgery and barbering, than one would at first imagine. Many of the operations of *surgery* are *barbarous*, and the operations of *barbery* are often *surgical*. Indeed, many a poor wight would consider it no small alleviation of one of the miseries of human life

could he inhale the letheon before submitting to the most common operations of barbery. Mem.—Barbers may use the letheon without infringing upon the patent. With the above remarks, which have extended much farther than I intended, I send you a copy of the specification, which has recently come into my hands, thinking it will gratify the curiosity of many of your brethren.

Yours, S.

March, 1847.

“*The United States Patent Office.*—To all persons to whom these presents shall come, greeting: This is to certify, that the annexed is a true copy upon the records of this office, of the specification of Jackson and Morton’s Letters Patent, dated 12th Nov., 1846.

“In testimony whereof, I, Edmund Burke, Commissioner of Patents have caused the seal of the Patent Office to be hereunto affixed, this twelfth day of February, in the year of our Lord one thousand eight hundred and forty seven, and of the Independence of the United States the seventy-first.

“EDMUND BURKE.”

The Schedule referred to in these Letters Patent, and making Part of the same.

To all persons to whom these presents shall come: Be it known, that we, Charles T. Jackson and William T. G. Morton, of Boston, in the county of Suffolk, and State of Massachusetts, have invented or discovered a new and useful improvement in surgical operations, such as are usually attended with more or less pain and suffering, without any or very little pain to, or muscular action of persons who undergo the same; and we do hereby declare that the following is a full and exact description of said invention or discovery.

It is well known to chemists that when alcohol is submitted to distillation with certain acids, peculiar compounds termed ethers, are formed; each of which is usually distinguished by the name of the acid employed in its preparation. It has also been known that the vapors of some, if not all these chemical distillations, particularly those of sulphuric ether, when breathed or introduced into the lungs of an animal, have produced a peculiar effect on its nervous system; one which has been supposed to be analagous to what is usually termed intoxication. It has never (to our knowledge) been known until our discovery, that the inhalation of such vapors (particularly those of sulphuric ether) would produce insensibility to pain, or such a state of quiet of nervous action as to render a person or animal incapable to a great extent, if not entirely, of experiencing pain while under the action of the knife, or other instrument of operation of a surgeon, calculated to produce pain. This is our discovery, and the combining it with

or applying it to any operation of surgery, for the purpose of alleviating animal suffering, as well as of enabling a surgeon to conduct his operations with little or no struggling or muscular action of the patient, and with more certainty of success, constitutes our invention. The nervous quiet and insensibility to pain produced on a person is generally of short duration; the degree or extent of it, or time which it lasts, depends on the amount of ethereal vapor received into the system, and the constitutional character of the person to whom it is administered. Practice will soon acquaint an experienced surgeon with the amount of etheric vapor to be administered to persons for the accomplishment of the surgical operation or operations required in their respective cases. For the extraction of a tooth the individual may be thrown into the insensible state, generally speaking only a few minutes. For the removal of a tumor or the performance of the amputation of a limb, it is necessary to regulate the amount of vapor inhaled, to the time required to complete the operation. Various modes may be adopted for conveying the etheric vapor into the lungs. A very simple one is to saturate a piece of cloth or sponge with sulphuric ether, and place it to the nostrils or mouth so that the person may inhale the vapors. A more effective one is to take a glass or other proper vessel like a common bottle or flask. Place in it a sponge saturated with sulphuric ether. Let there be a hole made through the side of the vessel for the admission of atmospheric air (which *hole*) may or may not be provided with a valve opening downwards, or so as to allow air to pass into the vessel) a valve on the outside of the neck opening upwards, and another valve in the neck, and between that last mentioned and the body of the vessel or flask, which latter valve in the neck should open towards the mouth of the neck or bottle. The extremity of the neck is to be placed in the mouth of the patient, and his nostrils stopped or closed in such manner as to cause him to inhale air through the bottle, and to exhale it through the neck. The air thus breathed, by passing in contact with the sponge will be charged with the etheric vapors, which will be conveyed by it into the lungs of the patient. This will soon produce the state of insensibility or nervous quiet required.

In order to render the ether agreeable to various persons we often combine it with one or more essential oils, having pleasant perfumes. This may be effected by mixing the ether and essential oil, and washing the mixture in water. The impurities will subside, and the ether impregnated with the perfume will rise to the top of the water. We sometimes combine a narcotic preparation, such as opium or morphine with the ether. This may be done by many ways known to

chemists, by which a combination of narcotic vapors may be produced.

After a person has been put into the state of insensibility, as above described, a surgical operation may be performed upon him, without, so far as repeated experiments have proved, giving to him any apparent or real pain, or so little in comparison to that produced by the usual process of conducting surgical operations, as to be scarcely noticeable. There is very nearly if not entire absence of all pain. Immediately or soon after the operation is completed, a restoration of the patient to his usual feeling takes place, without, generally speaking, his having been sensible of the performance of the operation.

From the experiments we have made we are led to prefer the vapors of sulphuric ether to those of muriatic or other kinds of ether, but any such may be employed which will properly produce the state of insensibility without any injurious consequences to the patient.

We are fully aware that narcotics have been administered to patients undergoing surgical operations, and as we believe always by introducing them into the *stomach*. This we consider in no respect to embody our invention, as we operate through the *lungs and air passages*, and the effects produced upon the patient are entirely or so far different as to render the one very little, while the other is of immense utility. The consequences of the change are very considerable, as an immense amount of human or animal suffering can be prevented by the application of our discovery.

What we claim as our invention is the hereinbefore described means by which we are enabled to effect the above highly important improvement in surgical operations, viz.: by combining therewith the application of ether or the vapor thereof substantially as above specified.

In testimony whereof we have hereunto set our signature this twenty-seventh day of October, A. D. 1846.

Witnesses,
R. H. Eddy,
W. H. Leighton.

CHARLES T. JACKSON,
WM. T. G. MORTON.

13. *Chinese Physiology*.—"In medicine," says Mr. Williams, in his lecture on China, "the Chinese practice is better than their theory. The knowledge of some drugs enables them to effect occasional cures; but the Chinese have never dissected the human frame, and therefore know nothing of its anatomy. They assert that the food goes through the heart to the stomach—and further, that there are three avenues through the body!"

14. *Retention of the Urine after Labor.*

[Communicated for the Boston Med. and Surg. Jour.]

Dr. Bedford—Dear Sir: The case detailed below was intended solely for your inspection, but as I find it possessed of more than an ordinary share of interest, I am induced to offer it for publication, believing that it will serve to remind my junior brethren of *the necessity in all cases of "tracing effect to its proper cause,"* and that it will also admonish my seniors in the profession, that *they* too are fallible and liable to err.

June 28th, 1845, I was requested to visit Mrs. Samuel Mitchell, in an adjoining town. On my arrival at the house, I received the following history from her physician, Dr. H.* Mrs. M. had given birth to a child ten days previous, the labor not being unusually long or severe. She appeared to be "doing well," until the morning of the 27th, when she remarked to her nurse that the room was becoming dark, and immediately she was seized with convulsions. From these, she would, at first partially recover, but was soon seized with another more severe than that which had preceded it; having had no less than nine distinct and well marked convulsions on that day. A messenger was despatched for Dr. H., soon after Mrs. M. was attacked, but he being absent, a neighboring physician, Dr. T., was called. He thought her to be suffering from puerperal convulsions, and immediately resorted to venesection. Dr. H. saw her in the evening, agreed with Dr. T. as to the diagnosis, practised venesection, and commenced giving tinct. stramonium, but what else, has passed from my mind. Dr. T. visited her the next morning, and finding the convulsions had returned with increased severity, he applied a blister to the back of the neck, and one upon the inner side of each leg. He also directed an enema of starch and laudanum, and a continuance of the treatment as prescribed by Dr. H. the evening previous. The abdomen being greatly distended, they applied fomentations. As the patient was evidently growing worse, farther counsel was desired; hence the occasion for sending for me. With this account, I proceeded to examine the patient. I found her suffering from coma, being wholly unconscious of what was going on around her; pulse 85, but hard; no unnatural degree of heat about the head; the condition of the pupils I do not recollect. There was incontinence of urine, and had been for a day previous. Upon examining the abdomen, *I found the bladder enormously distended, its fundus reaching the umbilicus.* I at once suggested the use of the catheter, and at the request of Dr. H. introduced it, and *drew from the patient more than one gallon of urine.* Of course the distension

* Drs. T. and H. have had considerable experience in their profession; the first having been in business nearly twenty, and the latter ten years.

of the abdomen was quickly and completely removed. In order to guard against inflammation, I advised farther depletion, which was adopted. With my fingers upon the pulse, a vein was opened, and as soon as its hardness appeared to yield, the bleeding was stopped. A cathartic (one of calomel and jalap) was then given and after its operation, was followed with liberal doses of spts. nit. dulce. By the frequent introduction of the catheter, and by the continued use of the diuretic, alternating with the sup. tart. potass. in doses sufficient to operate as a cathartic, I had the satisfaction to hear that Mrs. M. had fully recovered.

There are some points in the history of the above case that are worth being remembered; and,

1st. The manner of attack; the patient being of a sudden seized with convulsions, while friends, nurse and physician supposed her convalescing.

2d, The *absence of all pain*, the patient having at no time given any intimation that she experienced the least uncomfortable sensation about the bladder; hence I incline to the opinion that the distension of the bladder commenced in the months of pregnancy. Chailly in his admirable treatise on midwifery, page 220, speaking of cases where there is a retention of urine, says, "Happy indeed if the error is soon discovered; for women, through an inconceivable ignorance of their medical attendants, have been known to succumb, with the most excruciating sufferings, and all owing to extreme distension of the bladder." But in the above case the patient complained of no pain, made no complaint, anticipated that she would soon be restored to the pleasures of society, when, suddenly, vision is rendered imperfect, reason is dethroned, and convulsions and coma attack the patient with great severity; yet all this caused by a retention of urine.

3d. Convulsions preceding and for a while accompanying coma. That the coma was caused by a partial suppression of the urine, the last produced by its retention, I think there can be no doubt. But what gave rise to the convulsions? Is it probable that there was a congestion of the brain? I think not. I am disposed to attribute it, like the coma, to the suppression of the urine; the blood thereby being rendered highly irritating, it is easy to see that as this was diffused throughout the brain and whole nervous system, disorder would be very likely to be induced.

I am not aware of any other case of retention or suppression of urine, that was followed by coma, where it was preceded by, and accompanied with, convulsions. If you have met with any similar instance in your own practice, or know of any upon record, please inform me.

In conclusion, permit me to say to you, likewise to your

associates in the University, that I am not unmindful of the numerous favors I have received from your and their hands. I call to mind, with feelings of the highest pleasure, the many days I have spent in listening to valuable precepts you all labored so arduously to inculcate. Let me assure you that my alma mater is not forgotten; that in my intercourse with society, I feel that "my interests are her interests," and with a "watchful eye" shall sacredly guard its reputation. That its prosperity may ever continue, is the fervent prayer of

Your obedient servant,

Colchester, Ct., March 29, 1847.

JAMES R. DOW.

15. *Medical Jubilee Dinner in Albany.*—On the completion, lately, of fifty years spent in the active practice of medicine, by Dr. William Bay, of Albany, the profession of that city complimented him with a public dinner. The occasion seems to have been an exceedingly agreeable opportunity for the manifestation of those pure and ennobling sentiments which men, devoted to the service of humanity, should exhibit towards each other, and especially towards such as have eminently distinguished themselves by long and laborious devotion to their arduous duties. Prof. T. Romeyn Beck presided, and heightened the festivities by a pleasant sketch of the life of their guest, in connection with historical memoranda of several celebrated members of the profession in New-York, who gave character while they lived, to the science of medicine, and whose names are associated with whatever is great and good, and worthy of imitation by their successors. We were delighted with the account of the doings of the physicians at Albany. In honoring gray hairs, as they did in the person of their excellent neighbor, friend and associate, the venerable Dr. Bay, they will themselves be honored by their medical brethren wherever the circumstances are made know.—*Ibid.*

16. *The Letheon administered in a Case of Labor.*—(To the editor of the Boston Medical and Surgical Journal.)—On the 7th inst. I administered the vapor of ether in a case of natural labor. The patient was in good health, and in labor of her third child. Five and a half hours having elapsed from the commencement of labor, her pains, which had been light, but regular, becoming severe, the vapor of ether was inhaled by the nose, and exhaled by the mouth. The patient had no difficulty in taking the vapor in this manner from the reservoir, without any valvular apparatus.

In the course of twenty minutes four pains had occurred without suffering, the vapor of ether being administered between each pain. Consciousness was unimpaired and labor not retarded. Inhalation was then suspended, that a compar-

ison might be made between the effective force of the throes with and without the vapor of ether. No material difference was detected, but the distress of the patient was great. Inhalation was resumed, but the progress of the labor was so rapid that time could not be found for sufficient inhalation to bring the system *perfectly* under its influence; still the sufferings of the last moments were greatly mitigated. From the commencement of the inhalation to the close of the labor, thirty minutes. Number of inhalations, five. No unpleasant symptoms occurred, and the result was highly satisfactory.

Yours, &c.

Boston, April 10th, 1847.

N. C. KEEP.

17. *New Jersey State Lunatic Asylum.*—It is expected that this Institution will be completed the ensuing fall. It is beautifully situated a short distance from Trenton, and the building, which is of stone, is well arranged and well built. A medical superintendent has not as yet been appointed.

The completion of this Asylum and the Butler Hospital, *with all modern improvements*, should awaken the attention of the managers of other Institutions. They must not suppose they can be sustained solely by their past reputation;—progress and improvement in the care of the insane is as much demanded by the spirit of the age, as in other branches of business.—*Amer. Jour. of Insanity.*

18. *Butler Hospital for the Insane, Providence, R. I.*—We understand that this Institution will probably be open for the reception of patients in October next. We shall be much surprised if it does not take immediate rank among the first in the country. Dr. Ray, is zealously engaged in completing it in the best manner. We purpose hereafter to notice more particularly the excellence of its arrangements, and the beauty of the surrounding scenery, etc.—*Ibid.*

PART V.—EDITORIAL.

ARTICLE I.

CHICAGO HOSPITAL.

We have the pleasure of announcing to our readers that the public authorities have determined to establish a hospital at Chicago, and have already taken such steps as to put it in immediate operation. This measure imperiously demanded by the public interest, on the score of economy, and that of the indigent on the ground of humanity, is no less so by the interests of medical science as a means of improvement. A moment's consideration will show us the advantages it will afford in this respect. A large proportion of all the inhabitants of the western states have, during the past summer, suffered under periodical fevers. Their effects, in form of dropsical effusions, enlarged spleen, chronic phlegmasia, and debility remain. The disease itself often occurring, even during the winter, and baffling any attempt to arrest it permanently and remove its sequelæ.

The universal decision of the public and of the profession is, that all known means of treating such affections are ineffectual, and that new researches on the subject are required. These can only be made advantageously in public institutions.

During the past winter researches made in the dispensary of this city, have shown that the decoction of the bark of wahoo possesses advantages over all other substances in the treatment of dropsical effusions following intermittent and remittent fevers. More recent investigations, pursued in the same institution, have shown also, that there are articles in the materia medica which possess a far more prompt and permanent influence on those agues of long standing than quinine, arsenical preparations, iron, or bitter tonics. These, when completed, will be made public. It was necessary that opportunity should be afforded for their continuance.

In the new hospital every care will be taken to observe and

record the cases, and direct the treatment so as to reap the utmost advantages which they are capable of affording.

The arrangements of the medical department of the hospital will be of the most liberal kind. It will be entrusted entirely at present to the care of Dr. Brainard, who will spare no pains to make it useful as a means of teaching as well as a benefit to the sick. The dispensary will be continued in connection with the hospital, and out doors patients will be visited at their dwellings.

Added to the means already afforded at Chicago, those we have described for clinical instruction place this city with the first in the Union in respect to the advantages afforded to medical students. Already have the anatomical students found facilities for making preparations, dissecting, preparing models of plaister, &c., not offered elsewhere.

But no system of medical education can be considered sufficient which does not embrace clinical instruction. It is for want of this that so many young men fail of gaining the confidence of the public, of treating disease successfully, of sustaining the character of scientific physicians. It is this lamentable ignorance which discredits the profession in the public mind. Thus we see so many M. D.s, and even professors, in practice, thrown into the shade by uriscopians, Thompsonians and others whom they affect to despise. It is owing to this want of practical knowledge that medical men become routinists, and administer calomel, ant. tart., quinine, and other powerful drugs indiscriminately, so that in every respect, excepting in name, they might be ranked with the quacks themselves. As anatomy and physiology form the basis, so does clinical medicine, with the accessory knowledge it requires or affords, constitute the superstructure of medical science. This may, indeed, be gained in private practice, but it can only be done by much trouble with a teacher and much danger to the public after the physician has commenced practice on his own responsibility. But a well instructed physician will be ready to meet disease successfully as soon as he enters upon the duties of his profession.

The establishment of a hospital at Chicago is particularly gratifying to us, and will be, we trust, to our subscribers, from the additional interest it will enable us to give to the pages of

this Journal. Reports of interesting cases, or the results of treatment in classes of disease will be furnished to our pages from time to time.

Chicago, March 27th 1847.

ARTICLE XI.

LETHEON.

The use of the ethereal vapor, or Letheon, has been adopted more rapidly and has been more generally successful than any other important improvement or discovery in medicine of which we have any recollection. But a few months have elapsed since its application was first made public in Boston, and now it is in almost universal use in this country, and the European Journals are full of accounts of its application by our transatlantic brethren of the healing art. It has been used to prevent pain in almost all of the important and minor operations in surgery with entire success, and the experiment has been tried of giving it to prevent the pain of parturition. It is said to succeed admirably in this—relieving the pain or sufferings of the patient without interfering with the contractions of the uterus. In application to patients in labor it has mostly been made for the purpose of applying the forceps, though it has been used in a few cases of natural labor. In one there was produced great cerebral congestion, but as yet no other serious result has arisen from it. M. Dubois, deservedly at the head of this department of medicine in France, thinks it will only be appropriately applied in extreme cases.

Its influence on insane patients has been tried at the Bicetre, by M. Moreau, but with decidedly unfavorable results.

This discovery, which is likely to form an epoch in the history of our profession is claimed, as might be expected, by numerous individuals, both in Europe and this country. But whatever may be the claims of others, it is certain that the attention of the profession and the world, was first successfully attracted to it by Dr. Jackson, of Boston. In some

brief remarks upon this subject, made by Dr. Jackson, at a meeting after the close of the recent session of the medical school in Boston, reported in the Boston Med. and Surg. Journal, he said:

"He was aware of the pretensions advanced by others, but he believed that they had not been countenanced by the scientific world. The Academy of Sciences, of France, had received this discovery, and acknowledge its value, and had recorded it as emanating from America. They had set aside at once, the claims of pretenders, and had acted justly and honorably.

"He had already given to the public an account of the original experiments which he had made, on the effects of ether vapor. He would only re-assert, as he can prove by the testimony of others, that he discovered that insensibility to pain was produced by inhalation of sulphuric ether vapor, and that he communicated the fact to one of his pupils in February, 1846, and requested him to try the experiment when he had a tooth extracted.

"In the latter part of September last, he communicated this discovery to a dentist of this city (Mr. W. T. G. Morton), and requested him to administer the ether to one of his patients, with the assurance that it would produce insensibility, and that the experiment would be free from danger, if his directions were followed. He regarded himself as responsible for the results of the first experiments, which were made at his suggestion and by his advice. He next requested that dentist to go to the Massachusetts General Hospital, and ask Dr. Warren's permission to administer the ether vapor to a patient about to undergo a surgical operation.

"He regretted that any misunderstanding should have arisen concerning this discovery. He was willing to allow great enterprise and zeal in promoting its introduction, and improving his originally simple apparatus. He did not see any reason why each party should not be willing to rest content with what they had done.

It would certainly be unwarrantable for the miner, who carried Davy's safety lamp into the fire damp of a mine, to dispute the claims of its original inventor; for he received that instrument already proved to be efficient, with the assurance that it would guide him in safety through the explosive gases of the mine."

ARTICLE III.

ILLINOIS STATE HOSPITAL FOR THE INSANE.

The bill passed at the late session of the legislature incorporating this institution, appoints nine trustees, and empowers them to cause to be erected, upon a farm not to exceed three hundred acres, within four miles of Jacksonville, in Morgan county, suitable buildings and out houses for said institution, and draw upon the treasurer of state from time to time as may be needed in the prosecution of said work, for the funds for the insane, which are to be raised by an annual tax of two cents on each one hundred dollars valuation of property in the state. This, we are informed by the secretary of the board, will yield about twenty thousand dollars per annum.

The whole establishment is to provide for the accommodation of two hundred and fifty patients, and the necessary officers, attendants, and servants for its management. The amount of its cost is limited to sixty thousand dollars.

The trustees are to appoint a superintendant for a term of ten years, and fix his salary, which shall not be reduced during his term, who shall be a well educated physician. Section eighth defines his duties as follows: "The superintendent shall appoint and exercise entire control over all subordinate officers and assistants in this institution, and shall have entire direction of the duties of the same."

Pauper patients are to have the preference in admission, who are to be supported by the counties sending them.

The trustees have determined to commence operations in building the ensuing fall, and will, we understand, push the work onward, as humanity most assuredly demands, to a rapid completion.

We hope the trustees will adopt the plan, so generally recommended by those conversant with the subject, of placing a physician, well informed on the subject, in charge of the erection of the building, at least so far as adapting it to the purposes for which it was designed are concerned. It may, and no doubt would, save much expense in making alterations in future, and probably prevent inconveniences that would be irremediable.

ARTICLE IV.

RUSH MEDICAL COLLEGE.

At the recent commencement of this institution, the degree of Doctor of Medicine was conferred upon sixteen young gentlemen, who had undergone the necessary examination by the faculty, and complied with the requirements of the college.

The honorary degree was also conferred upon Dr. Samuel Grimes, of Delphi, Indiana.

We understand that a catalogue of students of the last, and the annual announcement for the ensuing session will soon appear.

ARTICLE V.

COLUMBUS MEDICAL COLLEGE, OHIO.

By an act of the recent session of the Ohio Legislature, the Willoughby Medical School was removed to Columbus.

The faculty has been re-organized and are now giving their first course of lectures. The faculty is as follows :

J. P. JUDKINS, M. D., Prof. of Anatomy and Physiology.

R. L. HOWARD, M. D., Prof. of Surgery.

REV. F. MERRICK, M. D., Prof. of Chemistry.

H. H. CHILDS, M. D., Prof. of Obstetrics and Diseases of Women and Children.

J. BUTTERFIELD, M. D., Prof. of Pathology and practice.

T. R. SPENCER, M. D., Prof. of Therapeutics and Mat. Med.

S. M. Smith, M. D., Prof. of Medical Jurisprudence and Insanity.

We are sorry to see the price of a full course of lectures placed so low as fifty-five dollars, being a little less than eight dollars for each ticket.

We had hoped that when the competition between this and the Cleveland school was measurably abated by its removal to Columbus, they would both have fixed their fees at, at least, ten dollars for each Professor's ticket, which is the price almost uniformly adopted by the northern medical colleges.

ARTICLE VI.

PHILADELPHIA COLLEGE OF MEDICINE.

This, the fifth medical School in the city of brotherly love, was chartered on the 14th of January last, by the Legislature of Pennsylvania, without a dissenting vote; and so early as the 15th of March, the first course of lectures was commenced. The faculty is as follows:

THOS. D. MITCHELL, M. D., Prof. of Theory and Practice,
Midwifery and Med. Jurisprudence.

WM. H. ALLEN, A. M., Prof. of Chemistry.

J. R. BURDEN, M. D., Prof. of Mat. Med., and Therapeutics.

JAMES MCCLINTOCK, M. D., Prof. of Anatomy, Physiology and
Surgery.

S. GORE WHITE, M. D., Demonstrator of Anatomy.

ARTICLE VII.

STATISTICS OF MEDICAL SCHOOLS.

The following statistics of the number of students and graduates of medical colleges for the last session, have been gleaned from various sources of information.

	No. Stud'ts.	Graduates.
Jefferson Medical College, Phil'a. -	493	181
University of Pennsylvania, -	411	
Pennsylvania College, -	95	34
Franklin Medical College, -	-	5
University of the City of N. Y. -	410	123
College of Physicians and Surgeons, N. Y.		51
University of Louisville, -	349	75
Transylvania University, -	205	62
Medical College of Ohio, -	170	
Cleveland College, Ohio, -	216	
Willoughby Medical College, Ohio, -	101	38
Rush Medical College, Chicago, Ill., -	70	17
Castleton Med. College, Vt. -	131	42
Med. Dep't. of Yale College, Conn. -	-	28
Memphis Med. College, -	55	
Indiana Med. College, -	-	19

ARTICLE VIII.

RESIGNATION OF PROF. WARREN.

Prof. Warren who has, with great distinction to himself and the school, occupied the chair of anatomy and physiology in the medical department of Harvard University, at Boston, for forty years, has tendered his resignation and retired from its arduous duties.

On taking leave of the class he delivered an address said to abound in good feeling and sound advice. He has been elected Emeritus Professor of Anatomy and Surgery. And OLIVER W. HOLMES, M. D., is appointed his successor.

ARTICLE IX.

BULLETIN OF MEDICAL SCIENCE.

This valuable exchange has been discontinued. Few men in this country are as able with the pen as Dr. Bell, and his retirement from the editorial chair is a loss to the profession.

ARTICLE X.

MEDICAL BOOKS.

We noticed in our last number the enterprise of the Book-sellers of Chicago, in bringing on large and well selected assortments of medical Books, and are happy to add that, as will be seen by reference to the cover, Messrs. Morrison & Talbott, of Indianapolis, are determined that the profession of their region shall be accommodated in like manner.

ARTICLE XI.

SINGULAR CASE OF TWINS.

Dr. J. Heath, of Janesville, W. T., in a letter, gives the following interesting case.

While in attendance upon a lady in labor with her first child, about a year ago, he observed a tumor at the umbilicus that attracted his attention. It had not been previously observed. He made pressure upon it, and as the child advanced it subsided. The child was born, and the placenta expelled from the uterus and removed from the vagina. On examining the after-birth it was found that the membranes were thickened, and formed a sack in which was found a fœtus about eight inches long and natural, except the head was flattened between the parietal bones, so as almost to destroy the transverse diameter. There was no appearance of decomposition.

A case of twins in which monstrosity prevented the development of one child, which formed the tumor above referred to. The mother and child did well.

ARTICLE XII.

OBITUARY.

Dr. JOHN THOMPSON, late Professor of General Pathology in the University of Edinburg, died on the 11th of October last, aged 82 years. He was highly distinguished both as a teacher, writer, and practitioner.

Dr. BOSTOCK, a highly distinguished Physician, of London, died in August last, at the age of 73 years, of cholera.

Dr. LYMAN BRACKETT, of Rochester, Ind., a former contributor to our Journal, we learn by a letter from a friend, died on the 7th of April, inst. His disease was not reported.

Dr. N. WORCESTER, of Cincinnati, Ohio, highly distinguished as a teacher and writer, died recently of acute bronchitis.

Prof. TOMMASINI, of Italy, author of the contra-stimulant doctrine in medicine, died some time since.

Also, AUGUSTUS BERARD, Prof. of Clinical Surgery in Paris.

Also, December 17th, M. BROUISSONNET, Prof. of Clinical Medicine in the Faculty of Montpellier, aged 80 years.

Also, on 4th February, M. DUTROCHET, of Paris, the discoverer of the property of endosmosis and exosmosis in organic substances, in the 70th year of his age.

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NOTICE TO READERS AND CORRESPONDENTS.

Original communications from Drs. Mead and Fitch have been received and will appear in our next.

We have received *New Elements of Operative Surgery*; ALF. A. L. M. VÉLPEAU Prof., etc. Carefully revised, augmented, etc., by VALENTINE MOTT, Prof., etc. First American from last Paris edition. Translated by P. S. TOWNSHEND, M. D. New York: Sam'l. S. and Wm. Wood. 1847. pp. 1162 octavo, with an atlas containing 22 plates quarto. (From the Publishers.)

Report of the Pennsylvania Hospital for the Insane, for the year 1846; by THOMAS S. KIRKBRIDE, M. D., Physician to the institution. 8vo. pp. 36

Fourth Annual Report of the Managers of the State Lunatic Asylum, made to the Legislature of New York, February 2d, 1847. 8vo. pp. 80

Twenty-sixth Annual Report of the Bloomingdale Asylum for the Insane; by PLINY EARLE, M. D., Physician to the Asylum. 1847. 8vo. pp. 32.

Catalogue of Books on Medicine, etc., etc., for sale by Samuel S. and William Wood, No. 261 Pearl street, New York.

We have received in exchange the following periodicals:

New York Journal of Medicine, etc., New York.

The Annalist, a Record of Practical Medicine, New York.

New York Medical and Surgical Reporter, New York.

The Medical Examiner, etc., Philadelphia.

The Medical News and Library, Philadelphia.

The Western Journal of Medicine and Surgery, Louisville, Ky.

The Western Lancet and Medical Library, Lexington, Ky.

The Southern Medical and Surgical Journal, Augusta, Georgia.

The Boston Medical and Surgical Journal, Boston, Mass.

The Missouri Medical and Surgical Journal, St. Louis, Missouri.

The St. Louis Medical and Surgical Journal, St. Louis, Missouri.

The Practical Educator and Journal of Health, Boston.

Stockton and Co.'s Dental Intelligencer, Philadelphia.

La Lancette Canadienne, Montreal, L. C.

Also, Announcement of the Medical Institute of Philadelphia, for 1847, with a Catalogue of Students.

Catalogue of Jefferson Medical College of Philadelphia, Session of 1846-'47.

Announcement and Catalogue of the University of Louisville, for 1847.

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